



CITY OF PLYMOUTH



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year 1965



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HEALTH AND WELFARE SERVICES COMMITTEE

Chairman: Alderman I. C. Lowe.

Vice-Chairman: Councillor Mrs. A. K. Osborne.

Aldermen W. T. Ainsworth, E. Broad, Mrs. L. Newbery, Miss E. K. Pryor, P. N. Washbourn.

Councillors Mrs. D. E. Drake, G. H. Miles, K. A. G. Parker, G. A. Prowse, Mrs. H. M. Ward.

Two members from the Local Medical Committee:

Dr. O. L. Lander, Dr. J. Nixon Morris.

EDUCATION COMMITTEE

Chairman: Alderman T. H. Stanbury.

Vice-Chairman: Councillor L. Hill.

Aldermen R. G. King, H. G. Mason, Miss E. K. Pryor, F. J. Stott.

Councillors Mrs. E. Baker, B. F. Brockington, D. G. Carter, R. C. Curry, J. W. R. Davies, Mrs. D. E. Drake, Mrs. D. M. Fleury, Mrs. G. R. Grierson, Mrs. M. Jago, C. F. Jones, R. V. Morrell, L. F. Paul, Mrs. G. M. Tucker, Mrs. H. M. Ward.

Ten members not of the Council:

Rev. P. L. Camp, Mrs. D. Childs, M. J. C. Clarke, C. E. G. Cocks, P. Fletcher, Mrs. B. Furzeman, Monsignor M. P. O'Neill, Mrs. K. Peirce, H. J. Perry, Rev. A. Skelding.

SPECIAL SERVICES SUB-COMMITTEE

Chairman: Councillor R. C. Curry.

Alderman Miss E. K. Pryor.

Councillors B. F. Brockington, J. W. R. Davies, Mrs. D. E. Drake, Mrs. D. M. Fleury, Mrs. M. Jago, Mrs. G. M. Tucker, Mrs. H. M. Ward.

Mrs. D. Childs, M. J. C. Clarke, Mrs. B. Furzeman, Mrs. K. Peirce, H. J. Perry, Rev. A. Skelding.

HEALTH OFFICERS OF THE AUTHORITY

Medical

Medical Officer of Health; Port Medical Officer; Principal School Medical Officer:

T. PEIRSON, M.D., M.R.C.S., L.R.C.P., D.P.H. (Retired 3/5/66);
T. A. I. REES, B.Sc., M.B., B.Ch., D.C.H., D.Obst.R.C.O.G., D.P.H.,
D.I.H. (Commenced 9/5/66).

*Deputy Medical Officer of Health; Deputy Port Medical Officer;
Senior School Medical Officer:*

G. B. CARTER, M.B.E., M.D., D.P.H.

Senior Maternity and Child Welfare Medical Officer:

T. R. W. FORREST, M.R.C.S., L.R.C.P.

Senior Mental Health Medical Officer:

N. R. MATHESON, M.B., Ch.B., C.P.H.

Assistant School Medical Officer:

L. N. TRETHOWAN, M.R.C.S., L.R.C.P.

Assistant Medical Officer of Health – Port and General:

T. A. LLOYD JAMES, M.B., B.S.(LOND.), M.R.C.S., L.R.C.P.
(Resigned 30/11/65).

Assistant Maternity and Child Welfare and School Medical Officers:

ENID ATKINS, M.B., Ch.B., D.C.H.

M. H. BORTHWICK, M.R.C.S., L.R.C.P.

H. W. HASKINS, M.B., Ch.B. (Commenced 1/3/65).

D. BAILEY, M.B., B.S. (Commenced 13/9/65).

Senior Chest Physician;

(In conjunction with the Regional Hospital Board)

J. J. Y. DAWSON, M.C., M.D., M.R.C.P., M.R.C.S.

Chest Physician:

(In conjunction with the Regional Hospital Board)

E. ASHMAN, M.R.C.S., L.R.C.P.

Dental

Senior Dental Officer:

R. M. MAYNARD, L.D.S.

Dental Surgeons – School Health and Mothers and Young Children:

J. F. GRAY, L.D.S. (Died 23/10/65).

M. S. WIDDUP, L.D.S.

MISS P. M. SIMPSON, L.D.S.

MRS. K. J. M. YOUNG, B.D.S. (Commenced 12/2/65).

Other Staff

Chief Public Health Inspector:

W. G. LOCK, M.A.P.H.I.*†§

Port Health Inspector:

L. MILLER, M.A.P.H.I.

Senior Welfare Services Officer:

H. J. PATERNOSTER, F.I.S.W.

Superintendent Health Visitor/School Nurse:

MRS. B. H. LEWIS, S.R.N., S.C.M., H.V.CERT., Q.N.S.

Non-Medical Supervisor of Midwives and Superintendent of Midwifery:

MRS. S. K. C. CHATFIELD, R.F.N., S.R.N., S.C.M., M.T.D. (Resigned 31.8.65).

MISS H. E. CLUEIT, R.F.N., S.R.N., S.C.M., M.T.D. (Commenced 2/9/65).

Superintendent of District Nurses' Home:

MISS D. M. WILLIAMS, S.R.N., S.C.M., M.T.D., H.V.CERT.

Chief Clerk:

C. L. MARSH (Died 9/3/66).

G. G. BAKER, M.B.E., T.D.

Ambulance Officer:

R. D. SAMPSON, S.B.ST.J.

Moral Welfare Officer:

MISS B. FEATHERSTON.

Home Help Organiser:

MRS. P. NODDER (Retired 19/6/65).

MRS. D. I. FISHLEY (Commenced 29/7/65).

* Public Health Inspector's Certificate.

† Meat Inspector's Certificate.

§ Sanitary Science Certificate.

TO THE LORD MAYOR, ALDERMEN AND COUNCILLORS
OF THE CITY OF PLYMOUTH

I have the honour to present to you my Annual Report on the health of the city for the year 1965.

This, my first report to you as Medical Officer of Health, refers to a period when my predecessor, Dr. T. Peirson, was in office and I would take this opportunity to pay tribute to him.

Dr. Peirson was appointed Deputy Medical Officer of Health on the 8th August, 1930, and, following some months as acting Medical Officer of Health, he was appointed Medical Officer of Health on the 5th December, 1932. He continued to serve the city ably, nobly and cheerfully until he retired 65 years young in May, 1966. The present standard of the department and the state of health of the city are ample testimony to the excellence and success of his stewardship. I am sure, however, that Dr. Peirson would want to qualify this by stating that nothing would have been achieved but for a capable and loyal staff and, above all, the necessary support, help and encouragement given by active and far-seeing Health Committees and Councils over the years. I hope he enjoys a long and happy retirement and thank him most sincerely for my inheritance.

Before writing this report I read through Dr. Peirson's first annual report to you and it is for the year 1932. An index of the improvement in the health of the city during this period is given by comparing some vital statistics.

	1932	1965
Live Births	3,251	3,765
Stillbirths	153	51
Stillbirth Rate	44.94	13.36
Maternal Deaths associated with Childbirth ...	33	1
Deaths under 1 year of age	190	61
Infant Mortality Rate	58.44	16.20
Notified Cases of Tuberculosis	303	85
Notified Cases of Diphtheria	444	Nil
Deaths from Tuberculosis	193	4
Deaths from Diphtheria	20	Nil
Deaths from Measles	6	Nil
Deaths from Whooping Cough	16	Nil

On behalf of the department and myself, I would like to pay tribute to the memory of Mr. C. L. Marsh who died in March, 1966. He had been on the staff of the Health Department for nearly thirty-nine years, the last eighteen years as Chief Clerk. His death was sudden and unexpected and he has been sorely missed, but his monument is the administrative structure of the department for which he was largely responsible.

My thanks go to all members of the staff for their loyal and efficient work during 1965 and a particular thanks to those who have helped in providing this report.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

T. A. I. REES.

HEALTH AND WELFARE DEPARTMENT,
THE MUNICIPAL OFFICES,
PLYMOUTH.

(*Tel.*: Plymouth 68000.)

October 1966.

Statistics and Social Conditions of the Area, 1965

Area in acres (Land and Inland Water) ...	...	...	13,115
Rateable value of the City ...	...	...	£8,467,469
Sum represented by the penny rate (estimated) ...	...	...	£34,740
Registrar-General's estimate of the home population ...	...	...	212,550
Number of marriages in the City during 1965 ...	...	...	1,795
Marriage Rate per 1,000 of estimated home population			8.45

Number of unemployed persons in the City Area as at December, 1965:

<i>Age</i>				<i>Total</i>
Men	...	18 and over	...	1,375
Boys	...	15 to 17 ...	...	28
Women	...	18 and over	...	382
Girls	...	15 to 17 ...	...	37
TOTAL ...				1,822
	<i>M</i>	<i>F</i>	<i>Total</i>	
<i>All Deaths</i> ...	1,249	1,168	2,417	Death rate per 1,000 of estimated home population – 11.37
<i>Comparability factors</i> ...	Births ...	1.02		
	Deaths ...	1.02		

STATISTICS RELATING TO MOTHERS AND INFANTS

<i>Live Births:</i>	<i>M</i>	<i>F</i>	<i>Total</i>	
Legitimate ...	1,772	1,660	3,432	Birth rate per 1,000 of the estimated home population
Illegitimate ...	190	143	333	
	1,962	1,803	3,765	
<i>Stillbirths:</i>	<i>M</i>	<i>F</i>	<i>Total</i>	
Legitimate ...	19	22	41	Stillbirth rate per 1,000 total (live and still) births
Illegitimate ...	4	6	10	
	23	28	51	

Total live and still births: 3,816

Infant Deaths:

(under 1 year)	<i>M</i>	<i>F</i>	<i>Total</i>	
Legitimate ...	32	24	56	
Illegitimate ...	3	2	5	
	—	—	—	
	35	26	61	
Infant mortality per 1,000 live births				<div> <div>{</div> <div>total ... 16.20</div> <div>legitimate 16.32</div> <div>illegitimate 15.02</div> </div>
Neonatal mortality rate (deaths under 4 weeks per 1,000 total live births) ...				10.09
Early Neonatal mortality rate (deaths under 1 week per 1,000 total live births) ...				8.76
Perinatal mortality rate (stillbirths and deaths under 1 week combined, per 1,000 total live and stillbirths)				22.01
Maternal deaths (including abortion) ...				1
Maternal mortality rate per 1,000 live and stillbirths ...				0.26
Illegitimate live births per cent of total live births ...				8.84%

Cremation The Medical Officer of Health, in his capacity as Medical Referee of the City Crematorium, dealt with 1,767 applications for cremation during the year as compared with 1,671 in the previous year. It was necessary in five cases to require a post-mortem examination before authorising cremation.

Medical Examinations of Council Employees During the year 1,166 examinations were carried out: 1,073 of these examinations were to assess fitness of employees or prospective employees for occupation and suitability for entry to the Council's Superannuation and Sick Pay Schemes.

Of these:

- (a) 817 (76%) were found free from any defect likely to affect their service and were reported to the employing department as fit for employment and entry to the schemes.
- (b) 11 were found unfit for Corporation employment.
- (c) 53 (4.9%) were found to possess defects likely to curtail materially their working life or lead to undue absence owing to sickness. They were reported as being reasonably fit for their proposed employment, but not for entry to the Superannuation or Sick Pay schemes.

- (d) 192 (18%) were found to have defects probably of a temporary or remediable nature. Though unfit for entry to the schemes at the time of examination it is probable that most of this group would be able to enter the schemes on re-examination after suitable treatment or a period of observation.

RETIREMENT ON MEDICAL GROUNDS.

Forty-three persons in Corporation employment were recommended for retirement on medical grounds before the normal retiring ages. Four of these were officers. The average age of those retiring was 57 years 5 months and the average length of service 23 years 5 months.

MISCELLANEOUS EXAMINATIONS.

Fifty other examinations were carried out, including fifteen for other Authorities.

Chest X-ray examinations were made on employees of Health and Children Departments and on prospective employees of other departments when clinically indicated.

Cancer

I am indebted to Mrs. Longstaffe, the Records Officer of the Cancer Records Bureau, for information concerning the incidence of Cancer amongst Plymouth residents in respect of 1964. Information in respect of 1965 was not available when this report was printed.

PLYMOUTH RESIDENTS REGISTRATIONS BY AGE, SITE AND SEX

		<i>Under 20</i>	20-29	30-39	40-49	50-59	60-69	70 +	<i>Total</i>
<i>140-148</i> Buccal Cavity and Pharynx	M	—	—	—	1	6	1	6	14
	F	—	—	—	3	—	1	4	8
<i>150-159</i> Digestive Organs and Peritoneum	M	—	1	1	5	17	33	40	97
	F	—	—	3	8	16	19	39	85
<i>160-165</i> Respiratory System	M	—	—	—	4	22	30	18	74
	F	—	—	—	2	3	4	—	9
<i>170</i> Breast	M	—	—	—	—	—	—	—	—
	F	—	1	2	20	15	22	18	78
<i>171-181</i> Genito-urinary Organs	M	—	—	2	3	7	24	35	71
	F	—	—	3	13	22	16	10	64
<i>190-191</i> Skin	M	—	—	4	2	8	13	13	40
	F	—	—	2	2	3	6	22	35
<i>192-199</i> Other and unspecified sites	M	2	—	—	4	6	8	3	23
	F	1	1	1	3	4	6	5	21
<i>200-205</i> Lymphatic and Hæmatopoietic tissues	M	2	—	—	—	3	6	3	14
	F	1	1	—	3	3	3	2	13
TOTAL ...		6	4	18	73	135	192	218	646

VITAL STATISTICS—1914-1965

YEAR.	STILLBIRTHS.		INFANT MORTALITY.		NEO-MORTALITY.		MATERNAL MORTALITY.					
	No.	Rate per 1,000 Live and Still Births.	No. of Deaths under 1 year.	Rate per 1,000 Live Births.	No. of Deaths under 4 weeks.	Rate per 1,000 Live Births.	SEPSIS.		OTHERS.		TOTAL.	
							No. of Deaths.	Rate per 1,000 Live and Still Births.	No. of Deaths.	Rate per 1,000 Live and Still Births.	No. of Deaths.	Rate per 1,000 Live and Still Births.
1914	51	10.02	553	109.7	215	42.68	5	.98	22	4.32	27	5.30
1915	29	6.80	505	119.3	145	34.26	6	1.41	17	3.98	23	5.39
1916	64	14.51	394	90.6	140	32.20	4	.90	20	4.53	24	5.43
1917	59	17.57	376	96.95	137	35.33	2	1.50	15	3.81	17	4.31
1918	133	33.24	373	96.63	132	34.20	5	1.25	14	3.50	19	4.75
Average	67	16.43	444	102.63	154	35.73	4	1.21	17	4.03	22	5.03
1919	143	33.70	352	85.85	135	32.93	5	1.18	18	4.24	23	5.42
1920	153	27.61	403	74.78	182	33.78	4	.73	22	3.96	26	4.69
1921	?	?	347	77.52	153	34.18	3	.67	12	2.68	15	3.35
1922	134	31.22	309	74.31	153	36.81	4	.93	17	3.96	21	4.89
1923	129	30.33	209	50.67	102	24.74	5	1.17	12	2.82	17	3.99
Average	139	30.71	324	72.62	145	32.49	4	.94	16	3.53	20	4.47
1924	125	32.23	306	81.53	128	34.11	6	1.54	19	4.90	25	6.44
1925	?	?	243	63.0	117	30.54	3	.78	15	3.91	18	4.69
1926	?	?	262	71.9	106	29.12	3	.83	8	2.19	11	3.02
1927	?	?	214	61.0	112	31.99	11	3.15	16	4.56	27	7.71
1928	149	39.64	250	69.2	121	33.53	5	1.38	17	4.71	22	6.09
Average	137	35.93	255	69.32	117	31.85	5	1.53	15	4.05	20	5.59
1929	147	40.03	210	59.5	111	31.49	6	1.76	11	2.86	17	4.62
1930	179	49.73	208	60.0	93	27.19	8	2.22	18	5.00	26	7.22
1931	128	36.00	229	66.8	102	29.77	1	.29	8	2.33	9	2.62
1932	153	44.94	190	58.44	97	29.84	8	2.35	12	3.52	20	5.87
1933	126	37.53	188	58.16	107	33.11	7	2.08	13	3.87	20	5.95
Average	147	41.64	205	60.58	102	30.28	6	1.74	12	3.52	18	5.26
1934	118	35.5	172	53.69	91	28.41	6	1.81	8	2.40	14	4.21
1935	124	38.8	183	59.70	103	33.60	9	2.82	7	2.19	16	5.01
1936	120	37.7	171	55.86	77	25.16	5	1.57	4	1.26	9	2.83
1937	118	36.9	141	45.88	66	21.48	7	2.19	10	3.13	17	5.32
1938	140	40.6	176	53.25	87	26.32	2	0.58	5	1.45	7	2.03
Average	124	37.9	168	53.68	85	26.99	6	1.79	7	2.08	12	3.88
1939	127	35.5	145	42.04	82	23.79	2	0.55	9	2.51	11	3.06
1940	117	34.2	197	59.69	95	28.83	7	2.04	4	1.17	11	3.21
1941	82	32.3	178	77.49	75	30.57	2	0.84	4	1.68	6	2.52
1942	87	29.9	146	51.82	85	30.17	2	0.69	8	2.75	10	3.44
1943	103	31.7	118	37.53	57	18.13	5	1.54	7	2.15	12	3.69
Average	103	32.7	157	53.71	79	26.29	4	1.13	6	2.05	10	3.18
1944	99	27.6	139	39.98	80	23.01	3	0.84	4	1.12	7	1.96
1945	111	28.2	214	55.96	112	29.28	3	0.76	14	3.56	17	4.32
1946	101	23.09	197	46.11	113	26.45	1	0.22	5	1.14	6	1.36
1947	97	21.14	224	49.88	127	28.28	—	—	3	0.65	3	0.65
1948	82	19.91	120	29.73	80	19.82	1	0.24	1	0.24	2	0.48
Average	98	23.99	179	44.33	102	25.37	2	0.41	5	1.34	7	1.75
1949	93	25.34	129	34.23	75	19.89	—	—	5	1.29	5	1.29
1950	68	18.88	104	29.43	67	18.96	1	0.27	3	0.83	4	1.10
1951	89	23.98	121	33.41	77	21.26	—	—	2	0.54	2	0.54
1952	81	22.70	103	29.53	73	20.94	—	—	3	0.84	3	0.84
1953	75	20.17	98	26.90	62	17.02	1	0.27	5	1.34	6	1.61
Average	82	22.21	111	30.70	71	19.61	.4	0.11	3	0.97	4	1.08
1954	90	24.52	101	28.21	71	19.83	—	—	4	1.09	4	1.09
1955	73	20.22	73	20.65	52	14.71	—	—	3	0.83	3	0.83
1956	86	23.80	62	17.58	46	13.05	—	—	1	0.27	1	0.27
1957	69	18.73	81	22.41	59	16.32	—	—	1	0.27	1	0.27
1958	73	19.60	74	20.26	49	13.42	—	—	2	0.54	2	0.54
Average	78	21.37	78	21.82	55	15.47	—	—	2	0.60	2	0.60
1959	80	21.42	79	21.61	58	15.86	—	—	3	0.80	3	0.80
1960	67	17.86	85	23.08	64	17.38	—	—	—	—	—	—
1961	46	12.26	75	20.24	56	15.11	—	—	—	—	—	—
1962	66	17.26	79	21.03	59	15.70	—	—	—	—	—	—
1963	54	13.77	78	20.17	49	12.67	—	—	—	—	—	—
Average	63	16.51	79	21.23	57	15.34	—	—	—	—	—	—
1964	63	16.15	60	15.63	40	10.42	—	—	—	—	—	—
1965	51	13.36	61	16.20	38	10.09	—	—	1	0.26	1	0.26

FOR THE 52 WEEKS ENDED 29TH DECEMBER, 1965

12b

DEATHS BY AGE GROUPS AND CAUSES—1965

AS CLASSIFIED BY THE REGISTRAR GENERAL

CAUSE OF DEATH	under 4 weeks		4 weeks and under 1 year		1-4 years		5-14 years		15-24 years		25-34 years		35-44 years		45-54 years		55-64 years		65-74 years		75 years and over		Total all ages	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Tuberculosis, respiratory ...	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	1	1	-	1	-	4	2
2. Tuberculosis, other ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	
3. Syphilitic disease ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	2	1
4. Diphtheria ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping-cough ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases ...	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	
10. Malignant neoplasm, stomach ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	11	3	15	8	6	11	36	22
11. Malignant neoplasm, lung and bronchus ...	-	-	-	-	-	-	-	-	-	-	1	-	2	1	11	2	27	5	38	3	14	2	93	13
12. Malignant neoplasm, breast ...	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	11	-	12	-	7	-	14	-	46
13. Malignant neoplasm, uterus ...	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	4	-	6	-	8	-	2	-	23
14. Other malignant and lymphatic neoplasms ...	-	-	-	-	-	-	2	-	1	1	1	4	3	2	9	14	28	18	42	32	35	33	121	104
15. Leukaemia and aleukaemia ...	-	-	-	-	-	-	1	-	1	-	1	1	-	-	1	-	-	1	-	1	1	-	5	3
16. Diabetes ...	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	1	7	2	4	3	14
17. Vascular lesions of nervous system ...	-	-	-	-	-	-	-	-	-	-	1	-	3	-	7	4	28	18	51	63	53	125	143	210
18. Coronary disease, angina ...	-	-	-	-	-	-	-	-	-	-	-	-	10	-	24	4	82	19	105	66	88	92	309	181
19. Hypertension with heart disease...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	14	12	12	9	28	21
20. Other heart disease ...	-	-	-	-	-	-	-	-	-	-	-	3	2	3	3	4	5	9	30	22	71	140	111	181
21. Other circulatory disease ...	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2	2	5	9	13	16	15	31	36	59
22. Influenza ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	2	1
23. Pneumonia ...	1	-	7	6	1	2	1	-	-	-	1	1	-	1	2	1	7	7	20	17	45	46	85	81
24. Bronchitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	2	14	5	26	11	24	10	68	28
25. Other diseases of respiratory system ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-	4	1	9	2	19	3
26. Ulcer of stomach and duodenum...	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-	7	-	4	4	13	5
27. Gastritis, enteritis and diarrhoea...	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	2	2	3	5
28. Nephritis and nephrosis ...	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	1	2	2	4	1	2	4	9	11
29. Hyperplasia of prostate ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	-	8	-
30. Pregnancy, childbirth, abortion...	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
31. Congenital malformations ...	4	3	3	1	1	1	1	-	1	2	-	1	-	-	2	-	-	-	-	-	-	-	12	8
32. Other defined and ill-defined diseases	17	13	1	2	-	1	1	2	-	-	2	-	3	1	5	7	14	9	22	19	22	54	87	108
33. Motor vehicle accidents ...	-	-	-	-	1	-	-	1	7	1	1	-	-	1	1	1	2	1	2	1	3	3	17	9
34. All other accidents ...	-	-	1	1	1	2	1	-	9	-	4	1	1	1	2	1	1	2	1	2	2	8	23	18
35. Suicide ...	-	-	-	-	-	-	-	-	2	-	1	2	1	-	3	3	2	-	2	2	-	1	11	8
36. Homicide and operations of war...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES ...	22	16	13	10	5	7	7	4	21	5	14	15	27	19	85	62	235	130	399	302	421	598	1,249	1,168

DEATHS REGISTERED DURING THE 52 WEEKS ENDED 29TH DECEMBER, 1965

INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH—(W.H.O. 1948)

Cause of Death			0-4 years		5-14 years		15-24 years		25-44 years		45-64 years		65-74 years		75 years and over		Total		Grand Total	Deaths in Institutions
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A 1	Tuberculosis of respiratory system	...	-	-	-	-	-	-	1	2	1	1	-	1	-	4	2	6	5	
A 3	Tuberculosis of intestines, peritoneum and mesenteric glands	...	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	-	
A 8	Tabes dorsalis	...	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	1	
A 10	All other syphilis	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	
A 17	Scarlet fever	...	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	1	
A 20	Septicaemia and pyaemia	...	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1	1	
A 23	Meningococcal infections	...	1	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1	1	
A 29	Acute infectious encephalitis	...	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	
A 43	All other diseases classified as infective and parasitic	...	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	1	
A 44	Malignant neoplasm of buccal cavity and pharynx	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	
A 45	Malignant neoplasm of oesophagus	...	-	-	-	-	-	-	-	1	1	4	-	-	-	5	1	6	4	
A 46	Malignant neoplasm of stomach	...	-	-	-	-	-	-	-	2	3	4	4	2	3	8	10	18	10	
A 47	Malignant neoplasm of intestine, except rectum	...	-	-	-	-	-	-	-	14	4	14	8	7	11	35	23	58	21	
A 48	Malignant neoplasm of rectum	...	-	-	-	-	-	-	1	16	4	9	9	7	9	32	23	55	21	
A 49	Malignant neoplasm of larynx	...	-	-	-	-	-	-	1	5	2	1	2	5	3	11	8	19	12	
A 50	Malignant neoplasm of trachea, and of bronchus, and lung, not specified as secondary	...	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	
A 51	Malignant neoplasm of breast	...	-	-	-	-	-	4	1	37	5	35	4	13	1	89	11	100	47	
A 52	Malignant neoplasm of cervix uteri	...	-	-	-	-	-	-	2	-	21	-	7	-	14	-	44	44	18	
A 53	Malignant neoplasm of other and unspecified parts of uterus	...	-	-	-	-	-	-	1	-	3	-	3	-	1	-	11	11	5	
A 54	Malignant neoplasm of prostate	...	-	-	-	-	-	-	-	3	-	6	-	11	-	20	-	20	9	
A 55	Malignant neoplasm of skin	...	-	-	-	-	-	-	-	-	1	1	1	-	1	1	3	4	1	
A 56	Malignant neoplasm of bone and connective tissue	...	-	-	-	-	-	1	-	-	-	1	-	-	1	2	1	3	2	
A 57	Malignant neoplasm of all other and unspecified sites	...	-	-	-	-	-	2	2	11	20	12	14	10	19	35	55	90	39	
A 58	Leukaemia and aleukaemia	...	-	-	1	-	1	-	1	1	1	-	1	1	-	5	3	8	6	
A 59	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	...	-	-	2	-	1	1	1	2	1	2	-	-	2	7	7	14	6	
A 60	Benign neoplasms and neoplasms of unspecified nature	...	-	-	-	-	-	-	-	1	1	2	-	1	1	4	2	6	5	
A 62	Thyrotoxicosis with or without goitre	...	-	-	-	-	-	-	-	-	2	-	2	-	1	-	5	5	2	
A 63	Diabetes mellitus	...	-	-	-	1	-	-	-	-	2	2	6	2	4	4	13	17	11	
A 64	Avitaminosis and other deficiency states	...	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1	1	
A 65	Anaemias	...	-	-	-	-	-	-	-	-	-	-	-	2	4	2	4	6	1	
A 66	Allergic disorders; all other endocrine, metabolic and blood diseases	...	-	1	-	1	-	-	1	-	5	3	3	2	3	11	11	22	12	
A 67	Psychoses	...	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	
A 68	Psychoneuroses and disorders of personality	...	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1	-	
A 69	Mental deficiency	...	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
A 70	Vascular lesions affecting the central nervous system	...	1	-	-	-	-	4	-	35	21	49	61	49	125	138	207	345	142	
A 71	Non-meningococcal meningitis	...	-	1	-	-	-	-	-	1	-	-	-	-	-	1	1	2	2	
A 72	Multiple sclerosis	...	-	-	-	-	-	1	-	1	1	-	-	-	-	2	1	3	2	
A 73	Epilepsy	...	-	-	-	-	-	-	-	-	1	-	-	-	1	-	2	2	1	
A 78	All other diseases of the nervous system and sense organs	...	-	-	1	-	-	-	-	3	-	4	3	2	3	10	6	16	9	
A 79	Rheumatic fever	...	-	-	-	-	-	-	-	1	-	-	-	-	2	1	2	3	2	
A 80	Chronic rheumatic heart disease	...	-	-	-	1	-	-	1	3	1	7	2	5	3	4	19	23	12	
A 81	Arteriosclerotic and degenerative heart disease	...	-	-	-	-	-	8	2	95	27	112	68	149	197	364	294	658	188	
A 82	Other diseases of heart	...	2	-	-	-	-	1	-	4	2	11	10	12	29	30	41	71	38	
A 83	Hypertension with heart disease	...	-	-	-	-	-	-	-	14	3	29	26	16	25	59	54	113	16	
A 84	Hypertension without mention of heart	...	-	-	-	-	-	1	2	2	3	-	1	1	2	3	7	10	7	
A 85	Diseases of arteries	...	-	-	-	-	-	1	-	2	4	10	4	7	9	20	17	37	15	
A 86	Other diseases of circulatory system	...	-	-	-	-	-	1	4	5	3	4	3	8	10	18	28	23	23	
A 87	Acute upper respiratory infections	...	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	-	
A 88	Influenza	...	-	-	-	-	-	-	1	-	-	-	1	1	2	1	3	-	-	
A 89	Lobar pneumonia	...	-	-	-	-	-	1	-	1	-	2	2	3	7	7	9	16	7	
A 90	Bronchopneumonia	...	7	7	1	-	-	1	2	7	9	18	15	47	39	80	73	153	113	
A 91	Primary atypical, other and unspecified pneumonia	...	1	-	-	-	-	-	-	-	-	-	1	-	1	1	2	3	1	
A 92	Acute bronchitis	...	-	-	-	-	-	-	-	1	1	2	1	-	2	3	4	7	-	
A 93	Bronchitis, chronic and unqualified	...	-	-	-	-	-	-	-	18	4	22	9	22	7	62	20	82	30	
A 95	Empyema and abscess of lung	...	-	-	-	-	-	-	-	1	-	1	-	-	-	2	-	2	2	
A 97	All other respiratory diseases	...	-	1	-	-	-	-	-	5	1	4	-	8	3	17	5	22	8	
A 98																				

CLIMATOLOGICAL OBSERVATIONS

Taken at The Hoe, Plymouth, during the year 1965

	1965	1964	<i>Records and Averages</i>
TEMPERATURES:	75.2	75.0	87.0†
Maximum	(13th May)	(4th August)	(16/8/47 and 12/7/23)
Minimum	19.9	25.8	16.0†
	(3rd March)	(7th February)	(29/1/47 and 1/2/47)
Mean	50.2	51.3	51.5***
Daily Range	10.5	10.4	10.7***
Relative Humidity ...	82%	84%	81%***
EARTH TEMPERATURES:			
Earth 1 ft. deep ...	51.5	52.7	52.3*
Earth 4 ft. deep ...	52.1	53.0	52.8**
Minimum on Grass ...	16.1	14.9	5.0†
	(3rd March)	(7th February)	(2/2/56)
SEA TEMPERATURE:			
Mean 6 ft. deep ...	52.6	53.5	53.3*
RAINFALL.			
Total during year ...	44.88"	30.81"	37.62"***
Greatest fall in one day	1.18"	1.31"	2.55"†
	(24th January)	(16th March)	(15/8/52)
Number of Rain Days	200	153	190***
SUNSHINE:			
Total number of Hours	1563.7	1506.9	1684.6***
Greatest daily Amount	15.2	14.7	15.3†
	(28th June)	(1st July)	(3/6/06 and 5/6/57)
Number of Sunless days	67	87	63***
WIND:			
Prevailing direction	W	E	SW***
Highest gust, m.p.h. ...	80	60	96†
	(17th January)	(11th March)	(8/3/28)

Temperatures Fahrenheit

- † Denotes an Absolute Record.
- * Denotes a 55 Year Average.
- ** Denotes a 37 Year Average.
- *** Denotes a 60 Year Average.

SOME FEATURES OF THE WEATHER DURING 1965

Sunshine The amount of sunshine recorded for the whole year was 121 hours below the sixty years' average, that for the summer months being well below average, which together with the cloudy and wet conditions produced a disappointing summer. October was the only exception with long periods of sunshine and little rain.

Rainfall The rainfall measured for the year at 44.88 inches was 7.26 inches above the sixty years' average, the wettest months being January, July, September, November and December with 6.05, 4.24, 5.80, 6.31 and 7.55 inches respectively. There was above average rainfall throughout the summer months, particularly in July, 4.24 inches, and September, 5.80 inches, compared with the sixty years' average of 2.55 and 2.70 inches respectively. During January, February, March, November and December there was a total of eight falls of snow, but with snow laying on one day only.

Temperatures The mean temperature for 1965 was 1.3 degrees below the sixty years' average. The mean earth temperatures one foot deep and four feet deep and the mean sea temperatures, were all slightly below average. Ground frost occurred in January, February, March, April, May, November and December for thirteen, twelve, nine, two, one, eleven and eight days respectively.

Wind There were nineteen days of gale during the year. The fresh winds during the summer months were predominantly from WSW and this, coupled with mainly low-pressure belts, would account for the dull and wet conditions prevailing then.

The highest gust recorded for the year was 80 m.p.h. on 17th January.

Maternity and Child Welfare

Senior Medical Officer:

DR. T. R. W. FORREST

Births

Births The number of notified and registered live births in 1965 was 5,042 and after adjustment for inward and outward transfers, 3,816. The Registrar General's allocation of live births was 3,765 making the birth rate for the year 17.71; the estimated rate for England and Wales being 18.0.

On the Registrar General's allocation, 8.8 per cent of live births were illegitimate.

There were 3,676 live births in institutions of which 1,240 were outward transfers, leaving 2,436 belonging to Plymouth. The number of domiciliary live births was 1,366, which included 10 outward transfers.

				<i>Notified and Registered</i>	<i>Adjusted by transfers</i>	<i>Allocated</i>
Total live births (legitimate and illegitimate)	...	...	...	5,042	3,816	3,765
Total stillbirths (legitimate and illegitimate)	...	...	...	83	52	51
				<u>5,125</u>	<u>3,868</u>	<u>3,816</u>
Illegitimate births – live	...	...		361	293	333
– stillbirths		...		10	7	10
				<u>371</u>	<u>300</u>	<u>343</u>

PLACE OF CONFINEMENT

Own home – municipal midwife	...	...	...	1,018
Own home – municipal midwife with doctor present				344
Alexandra Maternity Home – midwife	...	...		416
Alexandra Maternity Home – midwife with doctor present	...	...	...	306
Devonport Maternity Home – midwife	...	...		526
Devonport Maternity Home – midwife with doctor present	...	...	...	50
Freedom Fields Hospital – midwife	...	...	...	1,652
Freedom Fields Hospital – midwife with doctor present	...	...	...	719
“Mayflower” Mother and Baby Home – midwife	...			19
Greenbank Hospital – midwife	...	...	...	1
B.B.A. at home (hospital booking)	...	...	...	7
				<hr/> * 5,058

*Multiple births counted as one

PLYMOUTH RESIDENTS CONFINED IN PLYMOUTH:

At home	...	...	...	...	...	1,357	(35.6%)
In hospital	...	...	...	...	...	2,451	(64.4%)
						3,808	

BIRTH RATES FROM 1920

<i>Year</i>					<i>England and Wales</i>	<i>Plymouth</i>
1920-29	Average	...	...	...		18.90
1930-39	Average	...	...	...		15.40
1940-49	Average	...	...	...	16.9	21.60
1950	...	...	...	...	15.8	16.91
1951	...	...	...	...	15.5	16.49
1952	...	...	...	...	15.3	15.95
1953	...	...	...	...	15.5	16.45
1954	...	...	...	...	15.2	16.46
1955	...	...	...	...	15.0	16.22
1956	...	...	...	...	15.7	16.31
1957	...	...	...	...	16.1	16.59
1958	...	...	...	...	16.4	16.88
1959	...	...	...	...	16.5	16.89
1960	...	...	...	...	17.1	17.01
1961	...	...	...	...	17.4	17.42
1962	...	...	...	...	18.0	17.90
1963	...	...	...	...	18.2	18.41
1964	...	...	...	...	18.4	17.96
1965	...	...	...	...	18.0	17.71

Stillbirths

Eighty-three stillbirths were notified and registered 51 of these belonging to Plymouth. The Registrar General's allocation was 51 and on this the stillbirth rate was 13.36, the England and Wales estimated rate being 15.7.

STILLBIRTH RATE

YEAR	ENGLAND AND WALES	PLYMOUTH
	<i>Per 1,000 births</i>	<i>Per 1,000 births</i>
1956	22.8	23.80
1957	22.4	18.73
1958	21.6	19.60
1959	20.7	21.42
1960	19.7	17.86
1961	18.7	12.26
1962	18.1	17.26
1963	17.3	13.77
1964	16.3	16.15
1965	15.7	13.36

Number of notified stillbirths—Institutional ....	....	....	77
Freedom Fields Hospital ... ..	...	...	70
Alexandra Maternity Home ... ..	...	...	4
Devonport Maternity Home ... ..	...	...	3
Mayflower Mother and Baby Home ... ..	...	...	—
—Domiciliary ....	....	....	6
			83
Less outward transfers ....	....	....	32
			51
Inward transfers ....	....	....	1
			52

The following is an analysis of the registered causes of stillbirths:

Accidental haemorrhage ... ..	...	...	...	...	3
Gross prematurity ... ..	...	...	...	...	1
Hydrops foetalis ... ..	...	...	...	...	3
Toxaemia ... ..	...	...	...	...	9
Prolonged labour ... ..	...	...	...	...	2
Knot in cord and cord round neck ... ..	...	...	...	...	3
Short cord and prolonged breech delivery ... ..	...	...	...	...	1
Prolapsed cord in breech delivery ... ..	...	...	...	...	3
Tentorial tear ... ..	...	...	...	...	2
Intra-uterine infection ... ..	...	...	...	...	1
Placental insufficiency ... ..	...	...	...	...	6
Spina bifida and toxaemia ... ..	...	...	...	...	1
Congenital abnormalities ... ..	...	...	...	...	1
Anencephaly ... ..	...	...	...	...	1
Hydrocephalus ... ..	...	...	...	...	1
Cranium bifidum and meningocele ... ..	...	...	...	...	1
Cause unknown ... ..	...	...	...	...	13
					52

Infant Mortality The Registrar General allocated 61 infant deaths to Plymouth, giving an infant mortality rate of 16.20; the estimated rate for England and Wales being 19.0.

The early neonatal mortality rate is 8.76, the neonatal mortality

rate 10.09 and the perinatal mortality rate 22.01. (The Freedom Fields Maternity Unit perinatal mortality rate was 52.8, the Alexandra Maternity Home 6.8, Devonport Maternity Home 5.7 and the Domiciliary 4.4.) The higher rate for Freedom Fields is to be expected owing to abnormal bookings. The provisional perinatal mortality rate for England and Wales was 26.9.

Of the 38 deaths under one month, 86.8 per cent occurred in the first week and 55.3 per cent were born prematurely.

<i>Age at Death</i>				<i>Premature</i>	<i>Others</i>	<i>Total</i>
Under 24 hours	...	...	...	16	5	21
1-6 days	...	...	...	4	8	12
				—	—	—
Total under 1 week	...	...	...	20	13	33
1 week-1 month	...	...	...	1	4	5
				—	—	—
Total under 1 month	...	...	...	21	17	38
				==	==	==

The following is an analysis of the causes of death in the first week of life:

Prematurity	...	...	...	...	...	...	10
Respiratory distress syndrome	...	...	...	...	...	...	9
Pulmonary haemorrhage	...	...	...	...	...	...	1
Placental insufficiency	...	...	...	...	...	...	1
Pre-eclamptic toxæmia	...	...	...	...	...	...	1
Cerebral haemorrhage	...	...	...	...	...	...	1
Tentorial tear	...	...	...	...	...	...	2
Rhesus haemorrhagic disease	...	...	...	...	...	...	2
Anencephaly	...	...	...	...	...	...	1
Hydrocephalus	...	...	...	...	...	...	1
Congenital heart disease	...	...	...	...	...	...	2
Bilateral renal agenesis	...	...	...	...	...	...	1
Congenital abnormality of C.N.S.	...	...	...	...	...	...	1
							—
							33
							==

Between one week and one month of age, there were two deaths from congenital heart disease, one from bronchopneumonia, one from septicaemia and one from convulsions.

Between one month and one year there were thirteen deaths from bronchopneumonia and one each from cerebral haemorrhage, heart disease, absence of bile duct, hydrocephalus, muscular dys-

trophy, bronchopneumonia and congenital heart disease, gastroenteritis, inhalation of vomit, meningococcal septicaemia, pneumococcal meningitis.

Between one year and five years, five children died from bronchopneumonia, two from hydrocephalus and one each from gastroenteritis, encephalitis, status epilepticus, accidental drowning and motor accident.

There were no deaths among the forty-seven children reported as having been taken to the Casualty Department having taken poisonous substances. In 1964, twenty children are known to have attended Casualty for this reason.

					<i>Deaths under 1 month</i>	<i>Deaths 0-1 years</i>	<i>Deaths 1-5 years</i>	<i>Total Deaths under 5 years</i>
1956	...	...	...	...	46	62	10	72
1957	...	...	...	...	59	81	11	92
1958	...	...	...	...	49	74	14	88
1959	...	...	...	...	59	78	15	93
1960	...	...	...	...	66	85	7	92
1961	...	...	...	...	56	75	20	95
1962	...	...	...	...	59	79	8	87
1963	...	...	...	...	49	78	13	91
1964	...	...	...	...	40	60	8	68
1965	...	...	...	...	38	61	12	73

Care of
Premature
Infants

The total number of live born premature babies belonging to Plymouth was 269, twenty-two more than last year. 7.7 per cent of the total notified live births were premature and of those belonging to Plymouth, 7.0 per cent. The percentage surviving at one month was 88.1 and the premature neonatal mortality rate was 78.1.

Neonatal mortality rates in premature babies:

1956	...	...	...	...	...	108.4
1957	...	...	...	...	...	184.4
1958	...	...	...	...	...	110.6
1959	...	...	...	...	...	145.8
1960	...	...	...	...	...	157.3
1961	...	...	...	...	...	157.2
1962	...	...	...	...	...	159.1
1963	...	...	...	...	...	101.3
1964	...	...	...	...	...	85.0
1965	...	...	...	...	...	78.1

DOMICILIARY PREMATURE BABY NURSING SERVICE

SUMMARY OF WORK DONE—

Total number of babies attended	...	...	...	245
Premature babies (i.e. 5½ lb. or under)	...	...	...	221
(a) Born on district and nursed at home entirely	...	...	...	28
(b) Born on district and transferred to hospital	...	...	...	12
(c) Born in hospital and discharged for home nursing when 4 lb. 6 oz. or over	...	...	...	181
Difficult feeders (i.e. babies weighing over 5½ lb. at birth but immature, or presenting feeding difficulties)	...	...	...	24

PREMATURE BABIES BORN ON DISTRICT AND NURSED AT HOME ENTIRELY

<i>Weight Group</i>	<i>No. of babies</i>	<i>Average duration of nursing</i>	<i>Illnesses in first month</i>	<i>Mortality in first month</i>
Over 4 lbs. 6 oz. up to and including 4 lbs. 15 ozs....	2	36 days	—	—
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. ...	26	28 days	—	—

The statistical summaries which follow deal with all Plymouth's premature babies whether born at home or in hospital:

Analysis of probable causes of prematurity:

Multiple pregnancy	...	...	...	...	36
Spontaneous premature rupture of membranes	...	...	...	...	10
Induction for supposed postmaturity	...	...	...	...	7
Induction for other reasons:					
Toxaemia	...	...	...	...	9
Hypertension	...	...	...	...	3
A.R.M. (no reason given)	...	...	...	...	1
A.P.H.:					
Accidental	...	...	...	...	10
Toxaemia	...	...	...	...	9
Placenta praevia	...	...	...	...	3
At term, but underweight	...	...	...	...	32
Laparotomy	...	...	...	...	1
History of premature labour	...	...	...	...	1
Placental insufficiency	3
Incompetence of cervix	1
L.S.C.S.	5
Cause unknown	138

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PLYMOUTH PREMATURE OR UNDERWEIGHT BABIES

	Total belonging to Plymouth	Died within 24 hours	Died 1-28 days	Left Plymouth within 28 days	Surviving and living in Plymouth at 28 days	Died after 28th day and up to 31.12.65	Left Plymouth after 28th day and up to 31.12.65	Surviving and living in Plymouth at 31.12.65
Institutional premature infants	225 (I.T. 9)	16	5	10	194 (I.T. 9)	2	9	183 (I.T. 9)
Domiciliary premature infants	44	—	—	1	43	—	2	41
TOTALS ...	269 (I.T. 9)	16	5	11	* 237 (I.T. 9)	2	11	224 (I.T. 9)

* Surviving at one month ... 88.1%

Legitimate ...	...	247	Male ...	144
Illegitimate ...	...	22	Female ...	125
		—		—
		269		269

See following Table for more detailed information.

PREMATURE LIVE AND STILL BIRTHS BELONGING TO PLYMOUTH
GROUPED ACCORDING TO BIRTH WEIGHT

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS
	Born in hospital						Born at home or in a nursing home						
	Total births	Died			Total births	Died			Total births	Died			
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	
1. 2 lb. 3 oz. or less	9 (I.T.1)	8	—	—	—	—	—	—	—	—	—	5	1
2. Over 2lb. 3 oz. up to and including 3 lb. 4 oz. ...	15	2	—	1	—	—	—	—	1	—	—	3	—
3. Over 3lb. 4 oz. up to and including 4 lb. 6 oz. ...	52 (I.T. 2)	2	1	—	—	—	—	—	5	—	—	9	—
4. Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ...	59 (I.T.2)	1	1	—	2	—	—	—	5	—	—	3	—
5. Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ...	90 (I.T.4)	3	2	—	28	—	—	—	3	—	—	6	1
TOTALS ...	225 (I.T 9)	16	4	1	30	—	—	—	14	—	—	26	2

CHILD WELFARE SESSIONS

	Beacon Park	Crownhill	Devonport Park	Efford	Ernesettle	Honic- knowle	Laira	Peverell	St. Budeaux	Seven Trees	Southway	Stonehouse	Whitleigh	Totals
Number of sessions held	100	52	100	52	48	48	52	104	104	154	67	52	52	985
Number of attendances: 0-1 year { 1st attend.	274	189	417	113	69	162	67	341	398	591	175	302	112	3,210
Re-attend.	2,717	1,410	3,370	948	613	1,468	1,014	3,101	2,961	5,290	1,212	2,363	951	27,418
1-2 years ...	404	356	505	236	160	323	286	539	599	791	264	325	244	5,032
2-5 years ...	271	150	202	191	244	356	155	483	382	340	642	186	287	3,889
TOTAL ...	3,666	2,105	4,494	1,488	1,086	2,309	1,522	4,464	4,340	7,012	2,293	3,176	1,594	39,549
Average attendance per session ...	36.7	40.5	44.9	28.6	22.6	48.1	29.3	42.9	41.7	45.5	34.2	61.1	30.7	40.2
Doctors' consultations ...	1,192	731	1,369	434	553	571	408	1,435	1,061	2,295	697	756	500	12,002
Vaccination and Immunisation: Number of attendances at combined sessions ...	—	—	—	774	456	—	500	—	—	—	—	—	—	1,730

Child Welfare Centres

The sessions at our thirteen Child Welfare Centres remained unchanged and the average attendance per session was 40.2.

For details, see table on page 23a.

Welfare Food Service

During 1965 there were sixteen distribution centres, thirteen of these being in our Child Welfare Centres. We are grateful to members of the Women's Royal Voluntary Service and others for their help.

Summary of issues:

				<i>National Dried Milk</i>	<i>Cod Liver Oil</i>	<i>Vitamin A and D Tablets</i>	<i>Orange Juice</i>
				<i>tins</i>	<i>bottles</i>	<i>packets</i>	<i>bottles</i>
1964	...	...	...	67,598	3,922	3,972	48,968
1965	...	...	...	63,650	4,030	3,577	50,477

Notification of Congenital Defects

The scheme whereby congenital defects apparent at birth are notified to the Medical Officer of Health on the birth notification form has worked well and thirty-two defects were classified and communicated to the Registrar General.

The following congenital defects were notified:

Talipes	...	...	...	...	...	...	...	17
Haemangioma	...	...	...	...	...	...	...	3
Cleft lip and palate	...	...	...	...	...	...	...	2
Spina bifida	...	...	...	...	...	...	...	2
Multiple defects including spina bifida					...	...	...	1
Phocomelia	...	...	...	...	...	...	...	1
Exomphalos	...	...	...	...	...	...	...	1
Imperforate anus	...	...	...	...	...	...	...	1
Hypospadias	...	...	...	...	...	...	...	1
Polydactyly	...	...	...	...	...	...	...	1
Syndactyly	...	...	...	...	...	...	...	1
Multiple defects	...	...	...	...	...	...	...	1
								—
								32
								==

Handicapped Children Twenty-five children reached the age of five during the year with handicaps persisting as follows:

Mongolism	...	...	...	...	...	...	...	1
Retardation	...	...	...	...	...	...	...	4
Hydrocephalus	...	...	...	...	...	...	...	1
Malformation of hand	...	...	...	...	...	...	...	1
Cleft lip and palate requiring speech therapy						...	...	2
Haemophilia	...	...	...	...	...	...	...	1
Congenital heart disease			...	...	...	...	...	3
Severe deafness		...	...	...	...	...	...	3
Congenital cataract	...	...	...	...	...	...	...	1
Bilateral congenital cataracts			...	...	...	...	...	1
Cerebral palsy	...	...	...	...	...	...	...	3
Epilepsy	...	...	...	...	...	...	...	2
Diabetes	...	...	...	...	...	...	...	2

Antenatal Attendances were as shown in the tables.

850 Kahn tests and 864 Haemoglobin estimations were made on specimens taken in the clinics.

The number of antenatal patients in the area whose specimens passed through the Plymouth Blood Transfusion Sub-Centre and were tested for syphilis was 4,974.

Postnatal The postnatal session is combined with one of our antenatal sessions. Four women out of nine attended.

No. of women given an appointment	...	...	...	...	9
No. of first attendances	...	...	...	...	4
No. requiring advice or treatment	...	...	...	...	1

Hospital Maternity Homes One thousand, one hundred and eleven Plymouth women were admitted to the Alexandra and Devonport Maternity Homes for confinement on social as distinct from medical grounds.

Chest Radiography of Expectant Mothers Three hundred and forty-two expectant mothers attended Beaumont House or the Mass Radiography Centre for chest X-ray. One hundred and twenty-seven mothers were referred through this department, of whom about 80 per cent attended.

ANTENATAL CENTRES – MEDICAL SESSIONS

	Beacon Park	Crownhill	Devonport Park	Laura	St. Budeaux	Seven Trees	Stonehouse	Totals
Number of Medical Officers' sessions held	52	52	52	47	34	104	52	393
1st attendances	113	78	151	77	44	363	188	1,014
Re-attendances	312	211	396	157	133	1,163	499	2,871
Miscellaneous (Bloods { 1st attendances only) { re-	64	71	111	34	60	9	163	512
	15	3	—	2	9	—	8	37
Total attendances { 1st re-	177	149	262	111	104	372	351	1,526
	327	214	396	159	142	1,163	507	2,908
Average attendance per session	9.7	7.0	12.7	5.7	7.2	14.8	14.6	11.3
Number of transfers from 1964	12	10	23	10	—	57	26	138
Total number of women attending during 1965 { A.N. { Misc.	125 } 189 } 64	88 } 159 } 71	174 } 285 } 111	87 } 121 } 34	44 } 104 } 60	420 } 429 } 9	214 } 377 } 163	1,152 } 1,664 } 512

Relaxation and Mothercraft Classes Classes were held at Crownhill, Peverell, St. Budeaux, Seven Trees and Stonehouse Centres, and were well attended.

Attendances were as follows:

	<i>Crown- hill</i>	<i>Peverell</i>	<i>St. Budeaux</i>	<i>Seven Trees</i>	<i>Stone- house</i>
Number of sessions ...	52	52	52	48	52
1st attendances ...	127	148	123	169	135
Re-attendances ...	778	773	764	988	756
Average attendance ...	17.4	17.7	17.1	24.1	17.1

Supervision of Midwives Number notifying their intention to practise 116
Number practising in the area at 31.12.65 87

	<i>As Midwife</i>
Municipal (including non-medical supervisor of midwives)	32
Alexandra Maternity Home	10
Freedom Fields Hospital	34
Devonport Maternity Home	9
“Mayflower” Mother and Baby Home	2
	—
	87
	==

Approximately 72 per cent of deliveries, district and institutional, were attended by midwives only.

Medical aid was sought by midwives in 180 cases as follows:

Alexandra Maternity Home	43
Domiciliary Midwifery Service	137

Fees paid to Doctors A sum of £13 was paid by the local authority to general practitioners for four accounts submitted under section 14 of the Midwives’ Act, 1951.

Maternity and Nursing Homes During the year one nursing home was registered for the reception of five expectant mothers.

There are now eighty-four beds for the chronic sick and thirty-nine beds for unmarried mothers, registered.

Maternal Mortality Five deaths occurred in Plymouth in 1965. Two of these were women living outside the city and of the remainder, one was due to pulmonary embolism, one to rheumatic heart disease and one to pulmonary tuberculosis.

MATERNAL MORTALITY

YEAR	ENGLAND AND WALES		PLYMOUTH	
	<i>Per 1,000 total births</i>		<i>Per 1,000 total births</i>	
	<i>Including Abortions</i>	<i>Excluding Abortions</i>	<i>Including Abortions</i>	<i>Excluding Abortions</i>
1956	0.56	0.46	0.27	0.27
1957	0.47	0.37	0.27	0.27
1958	0.43	0.35	0.54	0.54
1959	0.38	0.32	0.80	0.53
1960	0.39	0.31	Nil	Nil
1961	0.33	0.27	Nil	Nil
1962	0.35	0.28	Nil	Nil
1963	0.28	0.22	Nil	Nil
1964	0.25	0.20	Nil	Nil
1965	0.25	0.19	0.26	0.26

Puerperal Pyrexia	Total notifications ...	...	55
	Outward transfers ...	...	11
	Belonging to Plymouth ...	...	44
			==

The following data refers to Plymouth cases:

PLACE OF CONFINEMENT:

Own home	...	...	...	...	...	5
Freedom Fields Hospital	...	...	...	...	...	28
Alexandra Maternity Home	...	...	...	...	...	3
Devonport Maternity Home	...	...	...	...	...	8
						—
						44
						==

CAUSES OF PYREXIA:

Respiratory infection	...	...	...	...	...	2
Anaemia	...	...	...	...	...	3
Stitch abscess	...	...	...	...	...	1
Urinary infection	...	...	...	...	...	6
Uterine infection	...	...	...	...	...	18
Not known	...	...	...	...	...	14
						—
						44
						==

Ophthalmia Neonatorum Three cases of ophthalmia were notified and in one case the sight was lost.

Family Planning The Plymouth City Branch of the Family Planning Association held sessions at Seven Trees and the Plymouth and District Branch at Honicknowle and Stonehouse. Attendances were as follows:

	<i>Seven Trees</i>	<i>Honicknowle</i>	<i>Stonehouse</i>
	<i>Centre</i>	<i>Centre</i>	<i>Centre</i>
No. of clinics held 	77	51	48
New cases seen by doctor ...	454	187	214
Total return visits 	3,025	963	799
Return visits seen by doctor	1,580	350	403

Cervical Cytology Service A service for taking cervical smears and examining the breasts of women between 30 and 65 years was commenced in two Maternity and Child Welfare Centres on 18th October, 1965. By the end of the year 193 women had been examined. This service is available by writing to the Medical Officer of Health. Examination of the smears is performed by the Plymouth Clinical Area Laboratory.

Day Nursery Arrangements at the nursery continued as in previous years.

The number of children on the register was 48 at the beginning of the year and 40 at the end of the year.

	<i>0-2 years</i>	<i>2-5 years</i>
No. of children admitted during the year	38	46*
No. of children discharged during the year 	30*	57
No. of children registered at the end of the year 	2	38
Average daily attendance 	3.1	30.5

*Excludes 7 transfers to 2-5 year group

Residential Nurseries Visits were made as necessary by the staff to the residential nurseries.

Nurseries and Child Minders Three private day nurseries, accommodating eighty-eight children and five daily minders caring for forty-seven children are registered under the Nurseries and Child Minders (Regulation) Act, 1948. There are in addition numerous play groups operating in the city, where children can be placed for short periods. All are visited periodically.

REPORT OF MISS B. FEATHERSTON

Moral Welfare Officer

Care of Illegitimate Children and Moral Welfare Work

The number of cases reported and re-opened in 1965 shows an increase of seven. Where the re-opened cases are concerned, the number of married women is 14 as against 9 last year and the number of unmarried women is 9 as against 17 last year.

The number of girls sent to Mother and Baby or Maternity Homes is the same as in 1964. During the year there has been a marked increase in the number of girls who are willing to stay in Plymouth to have their babies. A few families are willing to take in expectant mothers until such time as they go into hospital for their confinements.

There was a very worrying period towards the end of the year when our usual Adoption Societies did not have enough adopters to cope with the babies offered. In November, arrangements were made for the Children Department of the London Borough of Bexley to take some of our babies, so that since December we have been sending babies to London for adoption. This procedure helped a great deal by taking some of the older babies we had been unable to get placed through the usual channels. A satisfactory part of the arrangement with London is that the adopters always come to Plymouth to collect the babies. Not only does this suit us, but it also helps the girls, as we are able to give them our impressions of the adopters. The adoption figures are as follows:

Western National Adoption Society	...	...	...	43
London Borough of Bexley...	...	...	...	1
Plymouth Children Department	...	...	...	13
Roman Catholic Adoption Society	...	...	...	4

The amount of money administered is less, because Dr. Barnardo's have altered their system of payment. More intensive case work is done and the case load of families to whom Dr. Barnardo Grants are paid is divided between the Dr. Barnardo Workers and this office. Grants are paid monthly as usual, but the money is paid by visiting the homes each month. It should be mentioned that this Society has been in the habit of taking our unadoptable babies, but the number placed for general admission in Dr. Barnardo's is getting smaller and the waiting period longer. Until now,

Dr. Barnardo's have not refused any of our applications, but the situation is becoming very difficult and it may mean that the time will come when girls will be forced to keep their unadoptable babies.

We are greatly indebted to the St. John Ambulance Brigade for providing escorts and to the Justices of the Peace, the Royal Naval Welfare Officer and General Practitioners for their co-operation.

The following is a summary of the work done:

Cases on hand from 1964	...	...	...	...	...	300
Cases reported in 1965—						
Unmarried mothers	...	...	...	...	...	233
Married women with illegitimate children	...	...	...	...	...	51
Cases re-opened in 1965—						
Unmarried mothers	...	...	...	...	...	9
Married women with illegitimate children	...	...	...	...	...	14
Reported by:—					—	307
Maternity & Child Welfare	...	...	...	...	...	25
Children Officer	...	...	...	...	...	7
General practitioners	...	...	...	...	...	96
Social workers	...	...	...	...	...	51
City police	...	...	...	...	...	5
Hospital Almoners	...	...	...	...	...	21
National Assistance Board	...	...	...	...	...	8
Probation Officer	...	...	...	...	...	3
Guild of Social Service	...	...	...	...	...	2
Themselves and others interested	...	...	...	...	...	89
Total cases dealt with in 1965						607
Number of interviews	...	...	...	...	...	2,537
Number of visits	...	...	...	...	...	1,438
Assistance given as follows:—						

TAKEN TO HOMES:

“Mayflower”, Salvation Army, Plymouth	...	...	13
“St. Olave’s”, Exeter	...	...	5
“Woodside”, Plymouth	...	...	2
		—	

Babies:—

Restored to mother	...	...	...	...	...	5	
Foster homes	...	...	...	...	...	95	
Adoptions	...	...	...	...	...	61	
Residential nurseries	...	...	...	...	...	8	
Sent into care	...	...	...	...	...	2	
Sent to Dr. Barnardo's	...	...	...	...	...	2	
Daily minded	...	...	...	...	...	1	
						—	174
Helped and advised	...	...	...	...	...	...	43
Passed to other social workers		...	...	...	...	...	14
Returned to home town	...			...	...	...	6
Work obtained for	...	...	...	...	...	...	19
Sent to lawyer	...	...	...	...	...	...	38
Sent to Court	...	...	...	...	...	...	18
Affiliation investigations	...	...	...	...	...	...	22
Grants, etc., administered	...	...	...	...	...	...	245
Accommodation found for		...	...	...	...	...	29
Kept in touch with through correspondence				...	...	...	43

REPORT OF MISS H. E. CLUEIT

Superintendent of Midwifery Service

Municipal Midwifery Service

Staff

Establishment: Superintendent, Deputy and Tutor
to the Part II Training School
30 District Midwives
20 Pupil Midwives.

Mrs. S. K. C. Chatfield, Superintendent of the Midwifery Service since 1955, resigned in August, 1965. I was appointed as her successor and commenced my duties on 2nd September, 1965.

Out of the total of thirty district midwives, two have continued to devote their time to the care of premature babies, supervising those born at home and those discharged from hospital who need extra care.

Although the number of babies born at home decreased slightly during the past year, the number of patients who were discharged early from the hospitals in the area continued to increase and all those patients received attention from the domiciliary midwives.

Mothercraft talks were given at five clinics in the city by midwives and health visitors to expectant mothers. These talks have proved most popular; the mothers taking a lively interest in the discussions which follow.

Four domiciliary midwives attended Post Graduate courses of Instruction approved by the Central Midwives Board during 1965.

The Part II Training School has continued to play a very important part in the recruitment of midwives, both to the domiciliary and hospital services. Twenty-six pupil midwives entered for the Part II examination of the Central Midwives Board in 1965 and twenty-four were successful at their first attempt. Two were successful on re-entering the examination.

Eleven of our present establishment of midwives trained in our Part II School. The number of teaching midwives was fifteen.

Seventeen students studying at the local hospitals for the Obstetric Nurse Training Course approved by the Central Midwives Board, each spent a day with a domiciliary midwife during the year, visiting mothers and babies in their own homes. They also attended the Local Authority clinic sessions and relaxation classes.

ANTENATAL CLINICS – MIDWIVES' SESSIONS

	<i>Beacon Park</i>	<i>Crownhill</i>	<i>Devonport Park</i>	<i>Efford</i>	<i>Ernesettle</i>	<i>Honick- nowle</i>	<i>Peverell</i>	<i>St. Budeaux</i>	<i>Seven Trees</i>	<i>Southway</i>	<i>Stone- house</i>	<i>Totals</i>
Number of Midwives' sessions held	104	100	52	52	51	52	31	52	103	52	49	698
1st attendances	218	111	156	81	46	198	63	128	189	79	176	1,445
Re-attendances	968	341	685	290	265	370	224	659	1,015	141	927	5,885
Total attendances	1,186	452	841	371	311	568	287	787	1,204	220	1,103	7,330
Average attendance per session ...	11.4	4.5	16.2	7.1	6.1	10.9	9.3	15.1	11.7	4.2	22.5	10.5
Number of transfers from 1964 ...	79	31	52	21	21	31	–	62	86	12	89	484
Total number of women attending during 1965	297	142	208	102	67	229	63	190	275	91	265	1,929

First attendances at the midwives antenatal sessions were 1,445, re-attendances were 5,885. The average attendance per session was 10.5. See table on page 33a.

The total number of confinements attended was 1,362. The forceps rate was 1.0 per cent and the perinatal mortality rate was 4.4.

The following is a summary of the work done throughout the year:

MUNICIPAL MIDWIVES

Number of cases attended:

(a)	Doctor <i>not booked</i> but present at delivery	...	...	1
(b)	Doctor <i>not booked</i> and not present at delivery	...	...	21
(c)	Doctor <i>booked</i> and present at delivery	...	...	343
(d)	Doctor <i>booked</i> but not present at delivery	...	...	997
			—	1,362

Number of cases booked 1,740

Number of gas and air and trilene administrations:

	<i>Gas and Air</i>	<i>Trilene</i>	
(a)	Doctor present at delivery	138	173
(b)	Doctor not present at delivery	424	452
	—	—	
	562	625	
	—	—	1,187

Number of instrumental deliveries:

(a)	Doctor <i>not booked</i>	...	...	...	...	—
(b)	Doctor <i>booked</i>	...	...	...	...	14
					—	14

Number of emergency deliveries 3

Number booked who miscarried 4

Number of patients transferred to hospital for confinement ... 247

Number of patients transferred to hospital after confinement 12

Number of antenatal home visits by midwives 10,441

Number of clinic attendances by midwives 1,471

Number of notifiable puerperal pyrexia cases 5

Number of accouchement sets issued at Welfare Centres ... 1,589

REPORT OF MRS. B. H. LEWIS

Superintendent Health Visitor

Health Visiting Service

Staff

Establishment: Superintendent, Deputy and 23 Health Visitors.

Staff on 31st December, 1965:

- 1 Superintendent
- 1 Deputy Superintendent
- 21 Full-time Health Visitors
- 5 Part-time Health Visitors

There has been an improvement in the staff situation during the year which has enabled the health visitors to maintain regular home visits and to co-operate more fully with other field workers. There have also been opportunities for further instruction in the form of films, lectures and discussions which have been held monthly at staff meetings.

Training and Refresher Courses

The Health Visitor Training Course was approved and commenced on September 27th at Plymouth College of Technology. Five senior health visitors were promoted to field work instructors and all attended special training courses for this position. Two went to Manchester University, two to the Royal College of Nursing and one to the Queen Elizabeth College, London, on a course arranged by the Health Visitors' Association. The Health and Welfare Services Committee agreed to sponsor six student health visitors out of the fourteen who embarked on the training.

A social evening for approximately one hundred people was privately arranged for the inauguration day. Those attending included representatives from the Ministry of Health, Royal College of Nursing and Health Visitors' Association, Dame Joan Vickers, members of Education and Health and Welfare Services Committees, County Medical Officers of Health, Principal of College of Technology, lecturers and others taking an active part in the training course.

Decentrali- sation

The decentralisation plan is now completed and health visitors work from district offices. General Practitioners, hospitals, social workers and other colleagues have been notified and a close liaison has been established.

Health
Education

1965 was Home Safety Year for Plymouth and the health visitors have taken an active part in giving group talks, displaying posters and leaflets in the clinics and demonstrating types of accidents, and age groups involved, at an exhibition held in the Municipal Buildings.

Lectures on the health visiting service have been given to student nurses training at the local general hospital and one day has been spent by the students with the health visitors observing aspects of the work. A discussion arranged between principal tutor, health visitors and students at a later date proved most valuable.

More health visitors are taking part in school health work and there has been an increase in mothercraft, hygiene and nursing lectures given to senior girls.

Summary of cases visited:

Tubercular households	...	...	...	...	...	181
Infectious disease households	...	...	...	...	...	10
Aged (65 or over)	...	...	...	...	...	182
Mentally disordered	...	...	...	...	...	14
Discharges from general hospitals	...	...	...	...	...	27
Children:						
Born in 1965	...	...	...	...	3,809	
Born in 1964	...	...	...	...	3,523	
Born 1960 to 1963	...	...	...	...	8,527	
					—	15,859
Number of home visits	...	...	...	...	...	48,475

REPORT OF MR. R. M. MAYNARD

Senior Dental Officer

Dental
Treatment of
Mothers and
Young Children

The following table shows the treatment given to Expectant and Nursing Mothers and Children under five years, during 1965:

Dentures provided	Full	5	-
	Partial	11	-
Radiographs		4	1
General Anaesthetics		16	96
Extractions		88	282
Crowns and Inlays		1	-
Silver Nitrate Treatment		6	34
Fillings		131	173
Scalings and Gum Treatment		10	1
Courses of treatment completed		56	138
Commenced treatment during year		72	181
Examined		86	270
		Expectant and Nursing Mothers ..	..
		Children under Five ..	..

Sanitary Circumstances of the Area

Report of the Chief Public Health Inspector

MR. W. G. LOCK

Introduction In submitting this report, I would again like to express my appreciation of the help given to me during the year by Dr. Peirson and of the support and co-operation which I have received from my staff.

It has not been possible to recruit qualified staff during the year and there are still vacancies for four public health inspectors. Two student public health inspectors, however, commenced duty in October and there are now five students in the department, three of whom are in the second year of the four years' course and will be sitting for their intermediate examination during the summer of 1966

It is with deep regret that I report the death, in December, of Mr. W. S. Wales, who for very many years was senior food and drugs inspector in the department and who only retired from this post in January, 1964.

WATER SUPPLY

Consumption The average daily consumption of water for 1965 was 18,436,000 gallons. This includes water consumed in the Plympton Rural District area, the Borough of Saltash and part of the Tavistock Rural District area.

Supply The rainfall over the catchment area was 79.04 inches which compares with the average of 68.61 inches. From May to October the rainfall was 32.79 inches, almost six inches more than in 1964 and just over three inches above the average of 29.65 inches.

Water was pumped from Lopwell to augment the supply from the 7th May to 17th June.

There was no necessity to impose any restrictions on the use of water.

Water Treatment As in previous years, 0.5 part per million of chlorine has been added to the water at Burrator and after being filtered at Crownhill, the water has been again chlorinated and treated with lime to correct the pH.

The River Tavy water has been chlorinated, treated with coagulants, settled, filtered and again chlorinated.

Bacteriological Examination During 1965, with a view to ensuring that a pure supply of water was maintained, 188 routine samples were examined and submitted to bacteriological examination. The results of these examinations are shown in the following table:—

<i>Source</i>	<i>Total Number of Samples</i>	<i>B. Coli. present in 100 ml.</i>	<i>B. Coli. absent in 100 ml.</i>
From City Mains ...	186	30 (12 non-faecal) (18 faecal)	156
From wells and springs	2	Nil.	2
GRAND TOTAL ...	188	30 (12 non-faecal) (18 faecal)	158

In addition to the samples shown in the above table, whilst water was being obtained from Lopwell, samples of water were taken daily from the covered reservoir at Crownhill which receives the Lopwell water after treatment. Of the 101 samples taken, 100 were returned "B. Coli. absent in 100 ml." and Coliform bacilli (non-faecal) was found to be present in the remaining sample.

Twenty-eight samples were also taken from Maker Camp in Cornwall, which is the responsibility of the Education Committee of the Plymouth City Council. Twenty-seven were returned "B. Coli. absent in 100 ml." and Coliform bacilli (non-faecal), was found to be present in the remaining sample.

CHEMICAL ANALYSIS OF WATER DURING 1965

(parts per million)

	17th February	18th March		24th March	5th April		27th April	25th May	9th July		4th August		1st September		14th September	6th October		1st December		29th December		30th December	
Sample Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Temporary Hardness	36.0	5.0	5.0	33.0	6.0	7.0	36.0	38.0	15.0	15.0	22.0	15.0	19.0	12.0	94.0	13.0	9.0	23.0	13.0	6.0	4.0	5.0	4.0
Permanent Hardness	26.0	9.0	9.0	21.0	9.0	8.0	22.0	20.0	9.0	5.0	9.0	11.0	10.0	8.0	56.0	16.0	15.0	13.0	17.0	9.0	10.0	9.0	10.0
Total Hardness ...	62.0	14.0	14.0	54.0	15.0	15.0	58.0	58.0	24.0	20.0	31.0	26.0	29.0	20.0	150.0	29.0	24.0	36.0	30.0	15.0	14.0	14.0	14.0
Chlorine as Chlorides	20.0	12.0	12.0	18.0	11.0	11.0	22.0	19.0	14.0	14.0	12.0	12.0	13.0	12.0	55.0	15.0	14.0	16.0	16.0	12.0	11.0	11.0	11.0
Ammonia, Saline ...	0.008	0.008	0.006	0.074	0.006	0.006	0.012	0.130	0.004	0.004	0.022	0.004	0.004	0.004	0.134	0.028	0.004	0.012	0.024	0.086	0.080	Nil	0.010
Ammonia, Albuminoid	0.084	0.028	0.026	0.026	0.044	0.054	0.280	0.370	0.054	0.062	0.070	0.044	0.120	0.046	0.028	0.100	0.072	0.084	0.076	0.270	0.212	0.032	0.058
Nitrates as Nitrogen	3.4	Nil	Nil	2.0	Nil	Nil	0.8	0.6	0.2	0.2	0.1	0.1	0.2	0.05	4.8	0.4	0.3	0.7	0.9	Nil	Nil	Nil	Nil
Nitrites as Nitrogen	0.002	Nil	Nil	Nil	Nil	Nil	0.005	0.01	0.002	Nil	0.002	0.001	0.002	Nil	Nil	0.001	Nil	Nil	Nil	0.02	Nil	Nil	Nil
Oxygen (absorbed 4 hrs. at 27°C)	0.6	0.25	0.15	3.0	0.45	0.4	2.0	4.0	0.95	0.7	1.65	1.2	1.8	0.85	0.9	1.4	0.8	1.0	0.75	6.3	5.1	0.25	0.65
Metals (zinc, copper, lead, iron and man- ganese)	Iron in sedi- mentary form 0.1	Nil	Nil	Iron in sedi- mentary form 2.0	Nil	Nil	Iron in sedi- mentary form 0.2	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
pH Value ...	7.2	6.9	6.9	7.1	6.7	6.6	7.3	7.0	6.9	6.8	6.8	6.7	6.8	6.7	7.8	6.8	6.7	7.0	6.8	6.1	6.0	6.9	6.8

**Chemical
Analysis**

Twenty-three samples of water were submitted for chemical analysis. The following table (3a) gives a summary of the results of these, the figures representing parts per million:

Samples 1, 4, 7 and 8 were taken from the River Tamar upstream of Gunnislake Weir. Samples 9, 11, 13, 16, 18 and 20 from Pials Brook at Marks Bridge, near Cornwood and samples 10, 12, 14, 17, 19 and 21 from the River Yealm at Fardel Mill Bridge, near Cornwood.

The foregoing samples were taken at the request of the Plymouth City Water Undertaking who require information as to the suitability of the water in the event of it being used as an additional source of supply.

Sample No. 15 was taken from the main supply tank at Maker Camp in Cornwall. All the other samples were taken within the Plymouth City Boundary.

I am indebted to the Water Engineer for part of the foregoing information.

SWIMMING POOLS

Samples of water were taken regularly for bacteriological examination from the swimming pools in the City and the results are shown in the following table—

RESULTS OF BACTERIOLOGICAL EXAMINATION OF SAMPLES OF WATER OBTAINED FROM BATHING POOLS IN THE CITY DURING 1965

<i>Source</i>	<i>Total No. of Samples</i>	<i>B. Coli present in 100 ml.</i>	<i>B. Coli absent in 100 ml.</i>
Ballard Centre ... (City Mains)	24	6 (4 fæcal)	18
Burrington Secondary Modern School (City Mains) ...	6	3 (1 fæcal)	3
Central Park Bathing Pool (City Mains) ...	15	1	14
Central Park Paddling Pool (City Mains)	16	12 (all fæcal)	4
Compton Primary School ... (City Mains)	7	1 (fæcal)	6
Devonport Park Paddling Pool (City Mains)	3	2 (fæcal)	1
Drake Primary School ... (City Mains)	6	2 (fæcal)	4
Efford Secondary Modern School (City Mains) ...	3	1	2
Glenholt Camp ... (City Mains)	13	5 (all fæcal)	8
Kingsland School ... (City Mains)	2	1 (fæcal)	1
Montpelier Junior School ... (City Mains)	6	—	6
Mount Wise Infants' Bathing Pool (Sea Water)...	10	3 (all fæcal)	7
Mount Wise Infants' Paddling Pool (City Mains) ...	9	3 (all fæcal)	6
Mount Wise Ladies' Bathing Pool (Sea Water) ...	11	7 (5 fæcal)	4

SWIMMING POOLS—*continued*

<i>Source</i>	<i>Total No. of Samples</i>	<i>B. Coli present in 100 ml.</i>	<i>B. Coli absent in 100 ml.</i>
Mount Wise Mens' Bathing Pool (Sea Water)	11	4 (2 fæcal)	7
Munday House (City Mains)	5	3 (all fæcal)	2
Pennycross Primary School... (City Mains)	6	—	6
Plymouth College Bathing Pool (City Mains)	3	1 (fæcal)	2
South Trelawney Junior School (City Mains) ...	6	—	6
Tinside Bathing Pool ... (Sea Water)	8	1 (fæcal)	7
Whitleigh Junior School ... (City Mains)	25	5 (all fæcal)	20
Widey Technical School ... (City Mains)	6	—	6
Woodfield Junior School ... (City Mains)	13	2	11

In May, the public swimming pool at Central Park, operating the "break point" method of chlorination, came into use.

The Woodfield Junior School, Drake Primary School and the Kingsland School commenced using their recently constructed pools in May, June and July respectively.

**Mount Gould
Hospital,
Hydrotherapy
Pool**

Fifteen water samples were taken from the hydrotherapy pool at Mount Gould Hospital. All except four samples were satisfactory.

SEWERAGE AND SEWAGE DISPOSAL

I am indebted to the City Engineer for the following information relating to sewerage and sewage disposal.

At the beginning of 1965, part of the Ford area, containing approximately two hundred and forty houses, a school and Wolseley Residential Home, and which discharged untreated sewage into the River Tamar at Devonport Dockyard, was diverted to Camels Head Sewage Disposal Works for full treatment.

At Budshead Road, Crownhill, the public foul-water sewer was extended so that a septic tank could be abandoned and the site further developed and, at Ernesettle Green, where surface-water flooding affected some dwellings, an additional surface-water sewer and gullies have reduced the danger.

Where possible, storm-water overflows, with low-side weirs, were regulated so that the foul sewers ran to their full capacities and so helped to reduce pollution of streams.

Sewers were laid at Langley Farm and Widewell to provide for drainage from the new developments.

SANITARY INSPECTION OF THE AREA

The number of complaints of housing defects and nuisances received and given attention during the year was 1,673, a little less than the number received during the previous year.

Prosecutions Only on two occasions was it necessary for legal proceedings to be instituted in connection with abatement notices which had not been complied with by the owners. In one case the magistrates made a nuisance order for the work to be carried out within fourteen days and in the other case for the repairs to be effected within twenty-eight days.

Drainage In the case of four houses, official orders had to be sent to the City Engineer to clear, in default of the owners and at their expense, blocked drains in respect of which notices under Section 17 of the Public Health Act, 1961, had been served and the work had not been done within the forty-eight hours required by the notices. In two other instances, although authority was obtained for the clearance of drains, it was not necessary to use this authority, the work being done by the owners.

It was also necessary, in accordance with Section 18 of the Public Health Act, 1961, for the local authority to effect repairs to a defective private sewer serving eight houses and which was causing a serious nuisance by discharging sewage over the garden of one of the houses.

Offices, Shops and Railway Premises Act Further notifications of occupation of premises have been received during the year and the numbers of the various types of premises registered at the end of 1965 as compared with 1964 are as follows:

<i>Type of Premises</i>						<i>Number Registered</i>	
						<i>End of 1964</i>	<i>End of 1965</i>
Offices	...	...	...	...	...	518	557
Wholesale shops, warehouses	...	...	...	...	...	120	128
Retail shops	...	...	...	...	...	777	871
Catering establishments open to the public, canteens	...	...	...	...	...	128	142
Fuel storage depots	...	...	...	...	...	6	6
TOTAL						1,549	1,704

The total number of general inspections and re-inspections made was 296 and the number of contraventions of the provisions of the Act observed was 29, of which 23 had been rectified by the end of the year.

In addition to the general inspections made, investigations were carried out in connection with thirty-five accidents which were reported to the department. These accidents occurred in the following classes of premises:

Offices	...	...	...	...	2
Retail shops	...	...	...	...	27
Wholesale premises	...	...	...	...	1
Catering establishments	...	...	...	...	4
Canteens	...	...	...	...	1
TOTAL					35

The accidents in the offices related to a hand injury whilst using a stapling machine and a fall resulting in an injured wrist; in the wholesale premises to a fall, resulting in a sprained ankle; in the catering establishment two cases of scalds, jamming fingers in a drawer and pulling a cash drawer out of its runners, resulting in a foot injury; in the canteen, cutting fingers whilst chopping cabbage.

Of the twenty-seven accidents notified as occurring in retail shops, sixteen accidents were notified by the manager of one branch of a large national multiple store. This would appear to indicate that in many cases occupiers of premises to which the Act applies are failing to observe the requirements regarding the notification of accidents.

A summary of the types of accidents in the retail shops is given below:

Injury following collision with goods trolleys	...	...	3
Struck by falling objects	...	...	4
Sprains and strains due to falling or tripping	...	...	6
Other injuries due to falling or tripping	...	...	4
Cut hands	...	...	3
Injuries due to drawers being pulled out of runners	...	...	2
Back strains when lifting	...	...	2
Sprained arm when using mechanical floor polisher	...	...	1
Injury to head in consequence of fainting	...	...	1
Insect bite whilst unpacking goods	...	...	1

PREMISES INSPECTED. The following table shows the number of inspections of various premises carried out during the year, together with information regarding the action taken as a result of these inspections:—

Premises Inspected	Inspections or Visits	Intimation Notices served or Improvements required	Intimation Notices complied with or Improvements effected	Statutory Notices served during the year	Statutory Notices complied with during the year
Houses inspected (Public Health and Housing Acts) ...	3,179	935	—	124	—
Houses reinspected (Public Health and Housing Acts)	6,595	—	937	—	120
No. of premises (other than houses) inspected ...	593	18	18	—	—
No. of Interviews	1,298	—	—	—	—
Visits to contacts of infectious diseases	39	—	—	—	—
No. of houses visited regarding notifiable diseases ...	397	—	—	—	—
Visits regarding Food Poisoning	167	—	—	—	—
Bakehouses	86	14	12	—	—
Boarding Houses	11	1	1	—	—
Butchers	403	18	19	—	—
Cinemas and Amusement Places	15	3	2	—	—
Common Lodging Houses	11	2	2	—	—
Dairies and Milk shops	534	—	—	—	—
Food Vehicles	55	1	1	—	—
Fresh Fish Shops	35	1	1	—	—
Fresh Fish Carts	50	—	—	—	—
Fried Fish and Chips Shops	62	4	4	—	—
Fruit and vegetable shops	100	8	7	—	—
Hairdressing establishments	106	4	3	—	—
Ice Cream Premises	254	3	2	—	—
Knackers Yards	1	—	—	—	—
Markets	26	1	1	—	—
Meat Vehicles	96	1	1	—	—
Number of shops visited regarding Merchandise Marks Act	129	7	7	—	—
Milk Vehicles	40	—	—	—	—
Offensive Trades	18	1	1	—	—
Offices, Shops and Railway Premises Act	296	29	23	—	—
Outworkers premises	32	—	—	—	—
Pet Shops	45	2	1	—	—
Premises to examine foodstuffs	1,391	—	—	—	—
Preserved food premises	17	—	—	—	—
Provision Shops	856	17	16	—	—
Public Houses	85	6	6	—	—
Public Conveniences	517	2	2	—	—
Rag Flock premises	8	—	—	—	—
Restaurants and other food preparation premises ...	471	17	15	—	—
Schools	84	7	7	—	—
School Kitchens	10	—	—	—	—
Second-hand shops	8	—	—	—	—
Sites	451	33	35	—	—
Slaughterhouses	9	—	—	—	—
Smoke observations	103	5	4	—	—
Swimming baths	226	—	—	—	—
Tents, Vans, Sheds, etc.	124	5	5	—	—
Tips	7	—	—	—	—
Water Courses	131	—	1	—	—
Houses inspected for infestation by rats or mice ...	717	717	—	—	—
Houses reinspected for infestation by rats or mice ...	777	—	717	—	—
Premises other than houses inspected for infestation by rats or mice	228	221	—	—	—
Premises other than houses reinspected for infesta- tion by rats or mice	315	—	221	—	—
Visits to Public Health Laboratory	375	—	—	—	—
Rent investigations	2	—	—	—	—
Miscellaneous	909	—	—	—	—

Where necessary, advice regarding accident prevention was given to the occupiers concerned, but in most cases the circumstances were not such as to warrant further action being taken.

Copies of reports on accidents notified by firms to the local authority are sent to the Deputy Superintending Inspector of Factories at Bristol, the appropriate officer appointed by the Minister of Labour and who is available to advise on technical problems of accident prevention.

Common Lodging Houses Regular inspections of the two common lodging houses in the City have been made during the year and improvements effected when these have been necessary.

Factories and Outworkers Details of the sanitary inspection of factories under the Factories Act, 1961, and of the outwork carried on within the City are given in the following tables:

1. INSPECTIONS for purposes of provisions as to health.

<i>Premises</i> (i)	<i>Number on Register</i> (ii)	<i>Number of</i>		
		<i>Inspections</i> (iii)	<i>Written Notices</i> (iv)	<i>Occupiers prosecuted</i> (v)
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	21	36	—	—
2. Factories not included in (1) in which Section 7 is enforced by the local authority	520	262	29	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises) ...	73	20	—	—
TOTAL	614	318	29	—

2. Cases in which defects were found.

<i>Particulars</i> (i)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prose- cutions were instituted</i> (vi)
	<i>Found</i> (ii)	<i>Remedied</i> (iii)	<i>Referred to H.M. Inspector</i> (iv)	<i>Referred by H.M. Inspector</i> (v)	
Want of cleanliness(s.1)	23	23	—	1	—
Overcrowding (s. 2)	—	—	—	—	—
Unreasonable temper- ature (s. 3)	—	—	—	—	—
Inadequate ventila- tion (s. 4)	—	—	—	—	—
Ineffective drainage of floors (s. 6)	—	—	—	—	—
Sanitary Conveniences (s. 7)(a) Insufficient ...	4	3	—	2	—
(b) Unsuitable or defective ...	2	2	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—

3. Outwork (Sections 133 and 134).

<i>Nature of Work</i> (1)	SECTION 133			SECTION 134		
	<i>Number of out-workers in August list required by Section 110 (1) (c)</i> (2)	<i>Number of cases of default in sending lists to the Council</i> (3)	<i>Number of prosecutions for failure to supply lists</i> (4)	<i>Number of instances of work in unwholesome premises</i> (5)	<i>Notices served</i> (6)	<i>Prosecutions</i> (7)
Wearing apparel, making, etc. ...	141	—	—	—	—	—

Pet Animals Act, 1951 During the year, following visits to the premises by the Public Health Inspectors and the staff of the Chief Fire Officer, and after the carrying out of improvements where necessary, eleven licences were issued in accordance with the Act.

Animal Boarding Establishments Act, 1963 Only one licence has been issued under this Act and the premises concerned have been regularly inspected.

Riding Establishments Act, 1964 This Act, the purpose of which is to regulate the keeping of riding establishments, came into force on 1st April and makes it illegal for any person to keep a riding establishment except under the authority of a licence granted in accordance with the provisions of this Act. There are two such establishments within the City boundary and following the carrying out of the necessary inspections and of certain improvements, licences were granted in respect of both establishments.

**Rodent
Control**

The number of complaints of rats and mice infestation received during the year was 895 and details of the inspections made as a result of these complaints are given in the following table:

	<i>Owned by Local Authority</i>	<i>Type of Property</i>		<i>Total</i>
		<i>Dwellinghouses (including Council houses)</i>	<i>Other premises</i>	
Number of properties inspected as result of:				
(a) Notification	69	680	146	895
(b) Survey	2	19	5	26
(c) Otherwise	3	18	3	24
Total inspections carried out	203	1,494	340	2,037
Number of properties inspected found to be infested by:				
(a) Rats				
{ Major infestation...	—	2	1	3
{ Minor infestation...	56	570	88	714
(b) Mice				
{ Major infestation...	—	—	—	—
{ Minor infestation...	18	145	58	221
Number of infested properties treated				
by Local Authority ...	74	717	147	938
Number of "Block" control schemes carried out ... 12				

By the end of the year, with the co-operation of owners and occupiers, successful treatments had been effected in respect of 717 houses and 221 other premises.

To keep rodent infestation under control, the usual twice-annually test bait and maintenance treatment of sewers was carried out.

It was not found necessary to treat for rodent infestation at controlled refuse tips during the year.

Rag Flock

Nine samples of filling materials were taken for analysis during the year under the Rag Flock and Other Filling Materials Act, 1951, of which two consisted of rag flock, four of woollen mixture felt and three of cotton felt. All these samples proved to be satisfactory.

Fertilizers and Feeding Stuffs

Seven samples of fertilizers and three samples of feeding stuffs were taken for analysis. All these samples proved to be satisfactory.

National Survey of Air Pollution

Daily observations have been continued at the three recording stations established in the City:

Period	No. of weeks in period	Daily averages in millionth parts of a gramme per cubic litre					
		Plymouth Market		Whitleigh Secondary Modern School		Mount Street Primary School	
		Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide
January	4	59	90	33	43	127	90
February	4	46	124	24	51	151	134
March	5	29	108	32	44	107	110
April	4	15	79	14	33	57	60
May	4	9	81	12	30	33	60
June	5	6	88	8	22	21	44
July	4	8	73	10	27	21	38
August	5	8	90	6	27	18	38
September	4	13	71	14	30	60	59
October	4	8	92	24	38	59	59
November... ..	5	9	88	22	52	102	78
December	4	24	66	31	33	105	60
Winter: January–March, October–December	26	28	95	28	44	108	89
Summer: April–September	26	10	80	10	28	34	49

The three sites are classified as follows:

Plymouth Market	Commercial area with predominantly central heating
Whitleigh School	Residential area with low density housing
Mount Street School	Residential area with high density housing

I would like to record my thanks to the Headmaster, the staff and the scholars at Whitleigh Secondary School for their help in making daily observations during term time.

HOUSING

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR:—

(1) (a)	Total number of dwelling-houses inspected for defects (under Public Health and Housing Acts)	... ..	3,179
(b)	Number of inspections made for the purpose	... ..	9,774
(2) (a)	Number of dwelling-houses (included in sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	... ..	143
(b)	Number of inspections made for the purpose	... ..	421
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	... ..	42
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	... ..	935

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT THE SERVICE OF FORMAL NOTICES:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	817
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3. ACTION UNDER STATUTORY POWERS DURING THE YEAR:—

(a) Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957:—

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	... ..	15
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices:—		
(a)	By owners	... ..	26
(b)	By Local Authority in default of owners	... ..	1

(b) Proceedings under Public Health Acts:—

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	... ..	109
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices:—		
(a)	By owners	... ..	91
(b)	By Local Authority in default of owners	... ..	2

(c)	Proceedings under Sections 16 and 23 of the Housing Act, 1957:—	
(1)	Number of dwelling-houses in respect of which Demolition Orders were made	1
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	4
(3)	Number of Undertakings not to use unfit houses accepted	2
(4)	Number of dwelling-houses in respect of which Closing Orders were made	4
(5)	Number of dwelling-houses in respect of which Closing Orders were determined	2
(6)	Number of dwelling-houses in respect of which schemes to render fit accepted	1
(7)	Number of dwelling-houses rendered fit following acceptance of schemes	3
(d)	Proceedings under Section 26 of the Housing Act, 1957:—	
	Number of dwelling-houses subject to operative Demolition Orders, where Closing Orders were substituted	—
(e)	Proceedings under Section 18 of the Housing Act, 1957:—	
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	28
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been rendered fit	9
(3)	Number of separate tenements or underground rooms in respect of which schemes to render fit accepted	—
4.	HOUSING ACT, 1957, PART IV—OVERCROWDING:—	
(a)	(1) Number of dwellings overcrowded at the end of the year	99
	(2) Number of families dwelling therein	117
	(3) Number of persons dwelling therein	611
(b)	Number of new cases of overcrowding during the year ...	38
(c)	(1) Number of cases of overcrowding relieved during the year	33
	(2) Number of persons concerned in such cases	226

CLEARANCE AREAS

During this year, no representations have been made in respect of unfit houses included in Clearance Areas.

In September, the Minister of Housing and Local Government confirmed with modification the only two outstanding Compulsory Purchase Orders in respect of houses at Gascoyne Place, Plymouth and Ker Street, Devonport. In the case of the Gascoyne Place Order, one property which had been included as unfit was taken out of this category by the Minister but remained in the Clearance Area on the grounds of bad arrangement of the area. The three unfit houses and the house included by reason of bad arrangement were occupied by seven families comprising twenty-three persons. In the Ker Street Area one of the houses considered to be unfit was taken out of this category by the Minister but remained in the Compulsory Purchase Order as land outside the Clearance Area. There were sixteen unfit houses in this Order as confirmed, two of which were unoccupied and the remaining houses were occupied by thirty-nine families comprising one hundred and seven persons.

Well-maintained Payments

Well-maintained payments which the Minister has directed shall be made have been negotiated and settled with the owners and/or occupiers of five properties in the total sum of £706. 7s. 4d.

Rent Act, 1957

No applications either for the issue or for the cancellation of Certificates of Disrepair were made during the year.

Improvement Grants

During the year one hundred and twenty-one visits have been made to houses in connection with Standard Grants and ninety visits in respect of Discretionary Grants. These visits are made for the purpose of indemnifying the properties against demolition and to certify that they should provide satisfactory housing accommodation for the specified periods.

INSPECTION AND SUPERVISION OF FOOD

Bacteriological Examination of Milk Three hundred and eighty samples of milk were taken for bacteriological examination.

The following table shows the number of samples of various descriptions of milk submitted to the Methylene Blue Test, and the results:

METHYLENE BLUE TEST

<i>Description of Milk</i>	<i>Total Number of Samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Void</i>
Tuberculin Tested ... (farm bottled)	16	10	6	Nil
Pasteurised	160	160	Nil	Nil
TOTALS ...	176	170	6	Nil

Phosphatase Test A total of 160 samples of Pasteurised milk were obtained and submitted to the Phosphatase Test for checking the efficiency of the pasteurising process. All these samples were returned as satisfactory.

Turbidity Test Twenty-nine samples of sterilised milk were submitted to the Turbidity Test and all were found to be satisfactory.

Brucella Abortus Ring Test Fifteen samples of milk submitted to the Brucella Abortus Ring Test were found to be satisfactory.

Bacteriological Examination of Milk Bottles After passing through bottle-washing units, twenty-four milk bottles were submitted for the colony count test and found to be satisfactory.

Licences under The Milk (Special Designation) Regulations, 1960 and 1963 The following table shows the number of licences to use the various designations applied to milk issued during the year.

<i>Description of Licence</i>							<i>Number Issued</i>
Dealer's Sterilised and/or Pasteurised and/or Untreated Licences	...	...	...	...	...	...	411
TOTAL							411

Chemical Analysis of Milk Twenty-four samples of Pasteurised milk, fourteen samples of Pasteurised (Channel Island) milk and ten samples of Sterilised milk were obtained for analysis. All these samples were found to be genuine.

Registration under The Milk and Dairies (General) Regulations, 1959 During the year one hundred and thirty premises were registered for the sale of cream.

Ice Cream The number of applications for registration of premises for the sale of loose and pre-packed ice cream was ten.

Bacteriological Examination of Samples of Ice Cream During the year, one hundred and eighty-five samples of ice cream were submitted to the form of Methylene Blue Test prescribed by the Ministry of Health. The table below gives the results of these tests:

<i>Grade</i>		<i>Hot Mix</i>	<i>Cold Mix</i>	<i>Totals</i>
Grade 1.	Time taken to reduce methylene blue—4½ hours or more	103	5	108
Grade 2.	Time taken to reduce methylene blue—2½ to 4 hours	34	Nil	34
Grade 3.	Time taken to reduce methylene blue—½ to 2 hours	22	Nil	22
Grade 4.	Time taken to reduce methylene blue—0 hours	21	Nil	21
TOTALS		180	5	185

Of the one hundred and eighty samples of “Hot Mix”, thirty-two were pre-packed. Twenty-seven of these samples were placed in Grade 1, four in Grade 2 and one in Grade 4.

Ice Cream Utensils During the year, three samples of water were taken from containers in which utensils for serving ice cream were kept. All the samples were unsatisfactory. Warnings and advice on the use of suitable sterilants and frequent replenishment of the water were given to the firms concerned.

**Chemical
Analysis
of Ice Cream**

During the year, six samples of ice-cream were taken and submitted to chemical analysis. All were returned as genuine. The results are given in the following table:

<i>Sample No.</i>	<i>Total Fat</i>	<i>Butter Fat</i>	<i>Non-fatty Milk solids</i>	<i>Total solids</i>	<i>Sugar</i>
1	5.95%	Not stated	10.2%	32.2%	13.5%
2	8.23%	do.	13.0%	37.3%	13.0%
3	9.5%	do.	14.5%	39.2%	12.0%
4	6.8%	do.	9.1%	30.1%	12.0%
5	11.0%	11.0% (Dairy Ice Cream)	11.3%	38.8%	14.0%
6	5.42%	Not stated	8.0%	25.2%	10.0%

FOOD AND DRUGS

Adulteration The various samples of food and drugs submitted for analysis during the year are classified in the following table, together with the number of the various articles which were found to be adulterated.:

<i>Article Sampled</i>	<i>Official Samples</i>		<i>Informal Samples</i>		<i>Total No.</i>
	<i>Genuine</i>	<i>Adulterated</i>	<i>Genuine</i>	<i>Adulterated</i>	
Aspirin 	—	—	4	—	4
Bicarbonate of Soda	—	—	—	1	1
Bloater Paste ...	—	—	1	—	1
Butter 	—	—	6	—	6
Castor Oil 	—	—	4	—	4
Chopped Turkey in Jelly 	—	—	1	—	1
Clotted Cream ...	—	—	5	—	5
Coffee and Chicory Essence 	—	—	4	—	4
Custard Powder ...	—	—	4	—	4
Flour	—	—	3	—	3
Ham and Tongue Paste 	—	—	1	—	1
Honey 	—	—	4	—	4
Ice Cream 	—	—	5	—	5
Ice Cream — Dairy ...	—	—	1	—	1
Jam — Strawberry ...	—	—	4	—	4
Lard	—	—	1	—	1
Lime Jelly Marmalade	—	—	1	—	1
Marmalade 	—	—	3	—	3
Marzipan 	—	—	4	—	4
Olive Oil 	—	—	4	—	4
Pasteurised Milk ...	24	—	—	—	24
Pasteurised Channel Island Milk ...	14	—	—	—	14
Sago — Creamed ...	—	—	1	—	1
Sausages — Beef ...	—	—	4	1	5
Sausages — Pork ...	1	—	—	—	1
Squash — Lemon ...	—	—	1	—	1
Squash — Orange ...	—	—	3	—	3
Sterilised Milk ...	10	—	—	—	10
Table Jelly 	—	—	4	—	4
Tongue and Turkey Meat Paste ...	—	—	1	—	1
TOTALS ...	49	—	74	2	125

In the case of the adulterated sample of bicarbonate of soda, this matter was taken up with the manufacturers. It would appear that a packet marked bicarbonate of soda was inadvertently filled with St. Vincent arrowroot. The unsatisfactory sample of beef sausages resulted in a warning being given to the firm and a further sample of sausages has since been found to be satisfactory.

Slaughterhouses and Meat Inspection Details of the number of animals killed in the Plymouth area and the number of carcasses of home-killed meat dealt with from other centres are shown in the following tables:

				<i>Slaughtered in Plymouth Area</i>	<i>Received from other centres</i>	<i>Totals</i>
Bovines	...	...	...	8,752	10	8,762
Calves	...	...	...	369	1	370
Sheep	...	...	...	6,788	9	6,797
Pigs	...	...	...	14,611	636	15,247
				30,520	656	31,176

The total weight of meat and offal condemned during the year from animals killed inside and outside the City was 46 tons 3 cwt. 0 qtr. 26 lb.

Details of the number of whole carcasses condemned and of carcasses of which some part or organ was condemned are shown in the table which follows:

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
Number killed ...	6,732	2,020	369	6,788	14,611	—
Number inspected ...	6,733	2,029	370	6,797	15,247	—
<i>All diseases except Tuberculosis and Cysticerci: Whole carcasses condemned</i>	5	42	37	97	67	—
Carcasses of which some part or organ was condemned	1,376	1,406	5	673	1,963	—
Percentage of the num- ber inspected affected with disease and other conditions, excluding Tuberculosis and Cysticerci	20.51%	71.39%	11.35%	11.33%	12.65%	—

TUBERCULOSIS ONLY Whole carcasses con- demned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	1	2	—	—	145	—
Percentage of the num- ber inspected affected with Tuberculosis ...	0.015%	0.09%	0.0%	0.0%	0.95%	—

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
CYSTICERCOSIS Carcases of which some part or organ was condemned	25	4	—	—	—	—
Carcases submitted to treatment by refriger- ation	25	4	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

At the beginning of October there was a change of ownership of the slaughterhouse at “Kemps”, Tamerton Foliot, and as the new owner was not proposing to continue the use of the premises as a slaughterhouse, the licence, which expired on 1st October, was not renewed. The only abattoir now operating in the City is that at Prince Rock.

**Knacker's
Yard**

In view of the condition of these premises, which have not been used for some time, the licence issued to the occupier, and which expired on 31st December, was not renewed.

**Unsound
Foodstuffs**

The following summary indicates the quantity of foodstuffs examined and found to be unfit for food:

TINNED GOODS					<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Meat ... ..	...	...	...	...	4	0	1	16
Ham ... ..	...	...	...	...	6	1	3	2
Fish ... ..	...	...	...	...	—	14	2	26
Milk ... ..	...	...	...	...	—	16	1	18
Soup ... ..	...	...	...	...	—	3	3	5
Fruit ... ..	...	...	...	...	2	18	3	15
Vegetables ... ..	...	...	...	...	2	8	1	27
Jams and Marmalade	...	...	...	...	—	5	3	10
Cream ... ..	...	...	...	...	—	1	0	15

PROVISIONS					<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Dried Vegetables	...	...	...	—	16	3	20
Fresh Vegetables	...	...	...	3	13	1	20
Fresh Fruit	...	...	...	—	6	3	14
Dried Fruit	...	...	...	—	5	1	23
Flour	...	...	...	—	14	1	6
Cereals	...	...	...	—	3	3	20
Biscuits	...	...	...	—	4	2	23
Sweets and Chocolate		...	...	—	1	2	18
Cheese	...	...	...	—	4	2	12
Cakes and Cake Mixture		...	...	—	1	2	6
Butter	...	...	...	—	2	0	27
Poultry	...	...	...	—	3	3	10
Miscellaneous	...	...	...	2	4	3	3
Tea	...	...	...	—	—	—	7
Rabbits	...	...	...	—	—	—	—

MEAT PRODUCTS				<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Bacon and Ham	—	19	2	21
Sausages and Sausage Meat			...	—	3	2	13

Fish Inspection The following summary indicates the quantity of fish, smoked fish and other varieties examined during the year, and the quantity found to be unfit for food:

			<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Quantity of Fish inspected	...	...	1,304	0	0	0
Quantity of Mixed Fish found to be unfit for human consumption	...	...	1	6	2	11
Quantity of Smoked Fish found to be unfit for human food	...	...	—	—	1	14

Inspection of other Food Premises The following table gives details of the number and type of the various food premises within the City, information regarding compliance with regulations 16 and 19 of the Food Hygiene (General) Regulations, 1960, which relate to washing facilities, together with the number of inspections made and action taken as a result of these inspections:

<i>Type of premises</i>	<i>No.</i>	<i>Number fitted to comply with Regulation 16</i>	<i>Number to which Regulation 19 applies</i>	<i>Number fitted to comply with Regulation 19</i>	<i>Number of inspections made</i>	<i>Notices served</i>	<i>Notices complied with</i>
For manufacture of ice cream ...	5	5	5	5	20	—	—
Preparation and sale of fried fish and chips ...	54	54	54	54	62	4	4
Restaurants and other food preparation places ...	164	164	164	164	498	17	15
Butchers' shops ...	166	166	166	166	403	18	19
Bakehouses ...	47	47	47	47	86	14	12
Fresh fish shops (other than registered premises) ...	33	33	33	33	35	1	1
General provisions shops ...	605	605	567	567	1,744	28	25
Fruit and vegetable shops ...							
Dairies and premises licensed to sell milk, cream or ice cream							
Public houses ...	255	255	255	255	85	6	6
Food vehicles ...	—	—	—	—	241	2	2

Educational Activities

Talks to student nurses and women's organisations in the various aspects of food hygiene have continued during the year.

Contamination of Food

A number of cases of food contamination came to the notice of the department during the year which indicated a certain lack of care in the preparation, storage and handling of food and in three instances it was considered that legal proceedings should be instituted. In two of the cases, one relating to a fairy cake containing a cigarette end and the other to a Nelson square in which was found a small portion of metal, the same bakery firm was involved; the fines inflicted by the Magistrates totalled thirty pounds and the costs amounted to five guineas. The third case was in respect of a scone which was found to contain a finger dressing and the bakery firm concerned was fined five pounds with five guineas costs. In the three cases the firms pleaded guilty.

Clean Food Certificates

These certificates, of which only a very limited number have been issued, are awarded in respect of premises where an exceptionally high standard of food hygiene is maintained and are reviewed every six months.

At the review in April, consideration was given to what steps were being taken at catering establishments to discourage smoking by customers and it was decided that where the managements declined to exhibit notices asking customers to refrain from smoking, the certificates should not be renewed. The managements of six establishments were unwilling to display such notices and the certificates in respect of their premises were withdrawn.

Later in the year it was necessary to withdraw a further certificate held by a firm against whom it was necessary to institute legal proceedings in connection with contaminated foodstuffs prepared at their premises.

Infectious Diseases

The following pages give tables showing the occurrence of notifiable infectious diseases in 1965 with observations on certain of the diseases.

Incidence Table 1, on page 64a, shows the number of notifications received for each disease classified by age groups.

Table 2, on page 64b, shows the quarterly and sex incidence of infectious diseases.

Table 3, on page 65, shows the number of cases of infectious diseases notified during 1965 with comparative figures for the previous four years.

Mortality No deaths were caused by Diphtheria, Scarlet Fever, Measles and Whooping Cough.

Hospital Admissions Table 4, on page 66, shows the number of Plymouth residents admitted to the Scott Hospital by reason of infectious disease.

GENERAL OBSERVATIONS

There were 4,361 cases of infectious diseases notified including 3,995 measles cases of which 52 were admitted to the infectious diseases hospital. No deaths were attributed to the disease. Apart from measles, 1965 was a "quiet" year as regards infectious diseases.

Dysentery Thirty-three cases were notified, the lowest number for several years. In following up family contacts of these cases a further 55 persons were found to be harbouring dysentery organisms – Sh. Sonnei in each case.

Food Poisoning Twenty-five cases were notified, about the average of recent years. In 7 of these cases, S. Typhimurium was the causative organism, in one S. Newport, and in 8 (a family outbreak, probably due to consuming insufficiently cooked minced meat) the cause was S. Dublin.

In following up contacts of notified cases a further 4 persons carrying S. Typhimurium were brought to light.

TABLE 2.
QUARTERLY INCIDENCE OF INFECTIOUS DISEASES—PLYMOUTH—1965

DISEASE	JANUARY TO MARCH			APRIL TO JUNE			JULY TO SEPTEMBER			OCTOBER TO DECEMBER			TOTALS FOR YEAR		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	5	2	7	1	1	2	1	—	1	14	9	23	21	12	33
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	1	6	7	2	3	5	2	7	9	3	4	7	8	20	28
Food Poisoning	—	1	1	5	7	12	1	2	3	4	5	9	10	15	25
Measles	346	330	676	1,368	1,277	2,645	340	311	651	10	13	23	2,064	1,931	3,995
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ...	1	—	1	—	—	—	—	1	1	1	—	1	2	1	3
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	28	27	55	17	15	32	6	2	8	11	13	24	62	57	119
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	12	12	—	14	14	—	22	22	—	7	7	—	55	55
Scarlet Fever	3	3	6	7	8	15	2	6	8	10	7	17	22	24	46
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	10	11	21	8	5	13	9	6	15	5	3	8	32	25	57
TOTALS ...	394	392	786	1,408	1,330	2,738	361	357	718	58	61	119	2,221	2,140	4,361

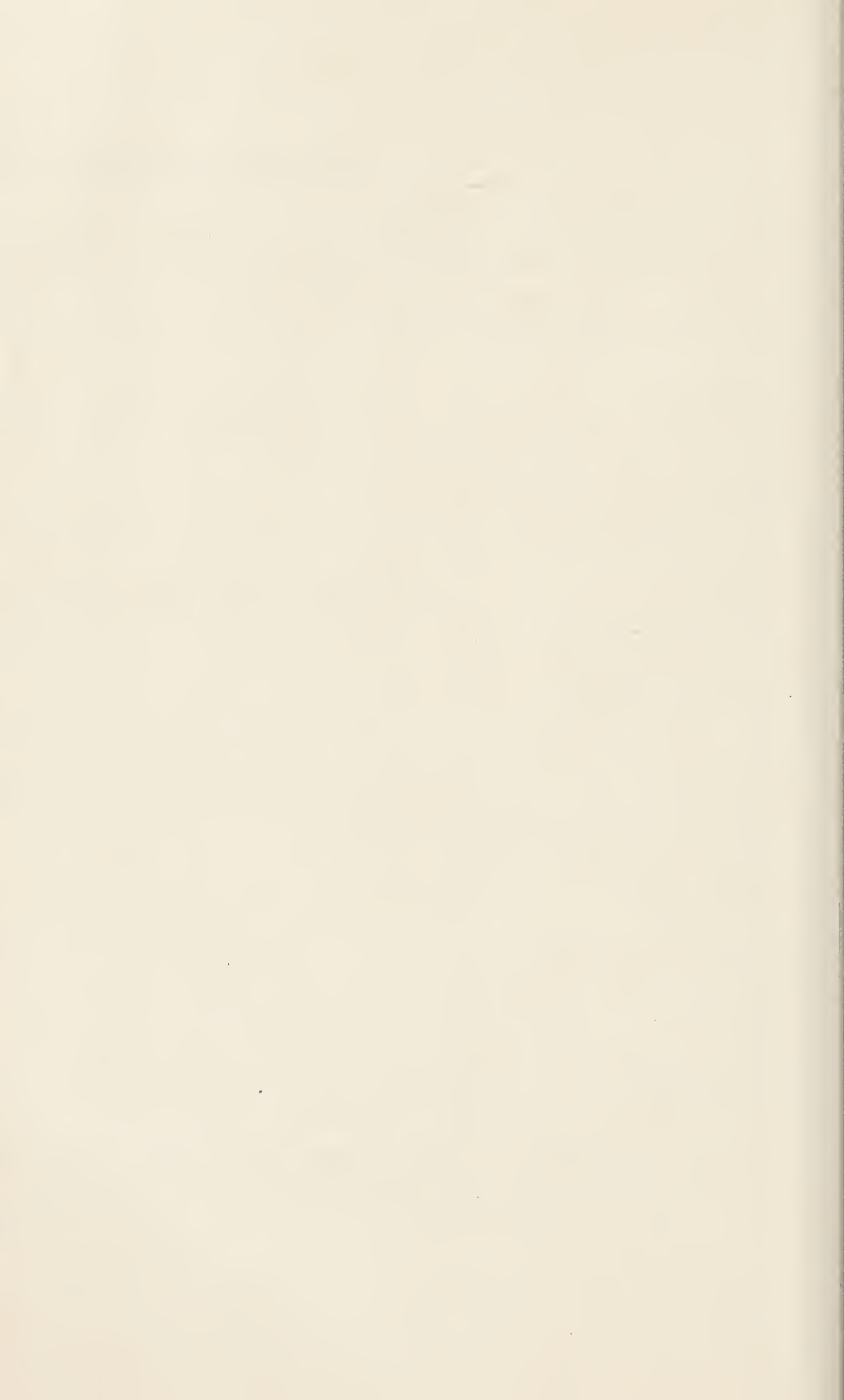


TABLE 2.
QUARTERLY INCIDENCE OF INFECTIOUS DISEASES—PLYMOUTH—1965

DISEASE	JANUARY TO MARCH			APRIL TO JUNE			JULY TO SEPTEMBER			OCTOBER TO DECEMBER			TOTALS FOR YEAR		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	5	2	7	1	1	2	1	—	1	14	9	23	21	12	33
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	1	6	7	2	3	5	2	7	9	3	4	7	8	20	28
Food Poisoning	—	1	1	5	7	12	1	2	3	4	5	9	10	15	25
Measles	346	330	676	1,368	1,277	2,645	340	311	651	10	13	23	2,064	1,931	3,995
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ...	1	—	1	—	—	—	—	1	1	1	—	1	2	1	3
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	28	27	55	17	15	32	6	2	8	11	13	24	62	57	119
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	12	12	—	14	14	—	22	22	—	7	7	—	55	55
Scarlet Fever	3	3	6	7	8	15	2	6	8	10	7	17	22	24	46
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	10	11	21	8	5	13	9	6	15	5	3	8	32	25	57
TOTALS ...	394	392	786	1,408	1,330	2,738	361	357	718	58	61	119	2,221	2,140	4,361

There was also an outbreak of food poisoning in a school when approximately 90 children out of about 200 at risk were affected. The responsible organism was *Cl. Welchii* probably present anti-mortem in legs of mutton which were boiled and consumed cold the next day.

Meningococcal Infections No cases were notified in 1965, but the cause of the sudden death of an infant was subsequently reported as being due to meningococcal septicaemia.

Whooping Cough The incidence of this disease was low in 1965 – 57 cases against 233 in 1964.

TABLE 3
CASES NOTIFIED IN THE CITY DURING THE PAST FIVE YEARS

<i>Disease</i>	1965	1964	1963	1962	1961
Diphtheria 	—	2	1	—	—
Dysentery 	33	49	197	315	93
Encephalitis 	—	2	4	2	2
Erysipelas 	28	13	10	22	15
Food Poisoning 	25	27	26	31	14
Measles 	3,995	759	3,510	610	4,485
Meningococcal Infections	—	6	6	3	7
Ophthalmia Neonatorum	3	2	15	42	5
Paratyphoid 	—	1	1	—	—
Pneumonia 	119	71	125	68	111
Poliomyelitis and Polioencephalitis	—	—	—	1	5
Puerperal Pyrexia ...	55	31	34	48	22
Scarlet Fever 	46	39	48	40	70
Smallpox 	—	—	—	—	—
Typhoid 	—	—	—	1	—
Typhus 	—	—	—	—	—
Whooping Cough ...	57	233	169	68	284

TABLE 4

SCOTT HOSPITAL, PLYMOUTH

ADMISSIONS – PLYMOUTH RESIDENTS – 1965

NOTIFIABLE (INFECTIOUS) DISEASES ONLY

				<i>Admitted</i>	<i>Confirmed</i>
Diphtheria	...	...	...	—	—
Dysentery	...	...	...	13	9
Erysipelas	...	...	...	3	3
Food Poisoning	...	...	...	16	14
Measles	...	...	...	52	48
Meningococcal Infections	...	...	...	2	—
Pneumonia	...	...	...	49	34
Scarlet Fever	...	...	...	5	2
Whooping Cough	...	...	...	10	5

DEATHS – PLYMOUTH RESIDENTS, 1965

There were no deaths from infectious disease in the Hospital during the year.

TABLE A

IMMUNISATION – 1965 – DIPHTHERIA, WHOOPING COUGH, TETANUS, POLIOMYELITIS

COMPLETED PRIMARY COURSES – NUMBER OF PERSONS UNDER AGE 16

<i>Type of vaccine or dose</i>	<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
	1965	1964	1963	1962	1958–61		
1. Quadruple D.T.P.P.	9	13	5	1	3	1	32
2. Triple D.T.P.	816	1,911	252	87	56	10	3,132
3. Diphtheria/Pertussis	–	2	–	–	–	–	2
4. Diphtheria/Tetanus	6	11	7	23	113	7	167
5. Diphtheria	–	–	–	–	16	165	181
6. Pertussis	–	–	–	–	–	–	–
7. Tetanus	–	1	1	1	9	1,126	1,138
8. Salk	20	82	42	25	27	7	203
9. Sabin	284	1,735	384	153	308	293	3,157
10. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria)	831	1,937	264	111	188	183	3,514
11. Lines 1 + 2 + 3 + 6 (Whooping Cough)	825	1,926	257	88	59	11	3,166
12. Lines 1 + 2 + 4 + 7 (Tetanus) ...	831	1,936	265	112	181	1,144	4,469
13. Lines 1 + 8 + 9 (Polio)	313	1,830	431	179	338	301	3,392

REINFORCING DOSES – NUMBER OF PERSONS UNDER AGE 16

<i>Type of vaccine or dose</i>	<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
	1965	1964	1963	1962	1958–61		
1. Quadruple D.T.P.P.	–	–	–	–	6	2	8
2. Triple D.T.P.	–	154	493	57	323	129	1,156
3. Diphtheria/Pertussis	–	–	–	–	1	2	3
4. Diphtheria/Tetanus	1	15	48	50	1,284	223	1,621
5. Diphtheria	–	–	3	1	42	1,138	1,184
6. Pertussis	–	–	–	–	1	1	2
7. Tetanus	–	–	–	2	19	476	497
8. Salk	2	47	47	18	50	19	183
9. Sabin	–	44	94	47	1,093	399	1,677
10. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria)	1	169	544	108	1,656	1,494	3,972
11. Lines 1 + 2 + 3 + 6 (Whooping Cough)	–	154	493	57	331	134	1,169
12. Lines 1 + 2 + 4 + 7 (Tetanus) ...	1	169	541	109	1,632	830	3,282
13. Lines 1 + 8 + 9 (Polio)	2	91	141	65	1,149	420	1,868

TOTAL BIRTHS: 3,765
CHILD POPULATION: Under 1 year, 3,840; 1–4 years, 13,560; 5–14 years, 28,900; Total, 46,300
TOTAL POPULATION: 212,550

IMMUNISATION AND VACCINATION

The annual returns to the Ministry of Health of the immunisations carried out against diphtheria, whooping cough, tetanus, and poliomyelitis have now been consolidated into one comprehensive return and this is shown as Table A.

1965 has been a successful year for immunisation, acceptance of vaccination against most of the diseases for which it is offered being at least 10% higher than in 1964.

**Diphtheria
Immunisation** 3,514 primary courses were given in 1965, an increase of 393 over 1964. This figure is 91% of the births (3,765) in 1965. The great majority of those immunised were children under 3 years of age, but 188 children aged 5–8 years and 183 aged 9–14 were immunised for the first time.

3,972 reinforcing doses were administered, 586 more than in 1964.

**Whooping
Cough
Immunisation** This immunisation is almost entirely given as part of the triple vaccine for babies and children under 5 years of age and 3,166 were vaccinated in 1965, 315 more than in 1964.

**Tetanus
Immunisation** This immunisation also is offered first in infancy as part of the triple vaccine with reinforcement at 4–5 years of age. Schoolchildren who have not previously been immunised are offered immunisation on school entry and reinforcement is carried out at ages 9–10 and 13–14 years of age.

3,144 children under 4 years of age and 1,325 aged between 5 and 15 years received primary courses during 1965. Over 80% of children are now immunised before school age.

The Health Department continues to maintain a record of the tetanus immunisation state of Plymouth children in a filing cabinet in the Accident Department of the Plymouth and District Hospital. This up-to-date reliable information can be very useful to those dealing with injured young people brought to the hospital in deciding what, if any, specific anti-tetanus measures are necessary.

**Poliomyelitis
Vaccination**

Though there were no cases of poliomyelitis during the year to act as a spur to the demand for immunisation, poliomyelitis vaccination is now accepted by mothers as one of the routine protections for their children and 2,753 babies and toddlers had a primary course during the year (73% of the births in 1965). 639 school children were also immunised for the first time.

**B.C.G.
Vaccination
against
Tuberculosis**

This is dealt with in the Tuberculosis and School Health sections of the report.

**Vaccination
against
Yellow Fever**

479 persons requiring vaccination and certificates for travel to yellow fever areas were vaccinated during the year.

**Vaccination
against
Smallpox**

(Tables B. and C.)

In 1963 the recommended age for the performance of primary vaccination was changed from four months to sometime in the second year of life. As was to be expected, this resulted in a reduced number of vaccinations of infants being carried out in 1963 – only 541 or 16% of the births compared with something over 2,000 (55–60% of the births) in a normal year.

Some recovery of the rate was seen in 1964 with 1,402 infants (36.5% of the births) being vaccinated.

There has been further recovery in 1965 with 1,870 vaccinations of infants under 2 years (49.7% of the births) and it is hoped this will continue in subsequent years.

In the following table, the number of children below the age of 2 years vaccinated in any year is shown as a percentage of the births in that year.

<i>Year</i>	<i>Births</i>	<i>Primary vaccinations (all ages)</i>	<i>Percentage of Children vaccinated (under 2 years of age)</i>	<i>Re- vaccinations (all ages)</i>
1963	3,867	743	13.99	502
1964	3,839	1,630	36.52	386
1965	3,765	2,099*	49.67	130*

*The figures for 1965 are for persons under 16 years of age

TABLE B—VACCINATION AGAINST SMALLPOX

NUMBER OF PERSONS (UNDER 16 YEARS) VACCINATED OR RE-VACCINATED DURING 1965				
			<i>Number vaccinated</i>	<i>Number re-vaccinated</i>
0-3 months	...		25	—
3-6 months	...		44	—
6-9 months	...		65	—
9-12 months	...		354	—
1 year	...	...	1,382	—
2-4 years	...	...	186	27
5-15 years	...	...	43	103
TOTAL	...	...	2,099	130

TABLE C—VACCINATION AGAINST SMALLPOX

<i>Year</i>	<i>Births</i>	<i>Primary vaccinations (all ages)</i>	<i>Percentage of Children vaccinated (under 1 year of age)</i>	<i>Re- vaccinations (all ages)</i>
1944 ...	3,016	1,663	55.14	85
1945 ...	3,752	1,803	48.05	39
1946 ...	3,947	1,890	47.88	74
1947 ...	4,490	1,972	43.92	6
1948 (to 4.7.48) ...	2,223	1,001	45.48	—
1948 (from 5.7.48) ...	1,813	322	17.76	69
1949 ...	3,769	1,432	30.5	278
1950 ...	3,534	1,691	33.5	398
1951 ...	3,622	1,975	40.2	832
1952 ...	3,487	1,836	42.9	475
1953 ...	3,643	1,869	40.0	297
1954 ...	3,580	1,692	40.8	239
1955 ...	3,536	1,942	48.3	224
1956 ...	3,526	1,711	42.7	264
1957 ...	3,615	2,123	49.4	238
1958 ...	3,652	2,127	51.3	220
1959 ...	3,655	2,311	53.9	289
1960 ...	3,683	2,601	55.1	317
1961 ...	3,706	2,530	56.6	308
1962 ...	3,757	7,280	66.57	6,085

In 1963 the recommended age for performing vaccination in infants was changed from 4 months to some time between the 12th and 24th months of age.

Prevention of Illness Care and After-Care

(A) TUBERCULOSIS

VITAL STATISTICS

Notifications The number of notified cases of tuberculosis for the year amounted to 85, consisting of 70 respiratory and 15 other forms of tuberculosis. One more respiratory case was notified posthumously. These figures show a decrease of 37 in respiratory notifications, but an increase of 3 in non-respiratory compared with the previous year.

TABLE 1

AGE AND SEX OF NOTIFIED CASES OF TUBERCULOSIS IN 1965

<i>Age Groups</i>	<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
0-5 	1	2	—	1
6-15 	5	4	1	1
16-25 	3(1)	4	1	3(1)
26-35 	9(5)	4(2)	1	1(1)
36-45 	7(5)	3	1	3(3)
46-55 	6(1)	5(2)	—	1
56-65 	10(5)	1(1)	—	—
66 and over ...	3(3)	3(3)	1	—
TOTALS ...	44(20)	26(8)	5	10(5)

Bracketed figures denote bacteriologically positive cases.

TABLE 2
NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS
FOR THE YEARS 1950-1965

Year	Notifications		Deaths (Total)		Deaths in non-notified persons	
	Resp.	Non- Resp.	Resp.	Non- Resp.	Resp.	Non- Resp.
1950	299	49	Not available		Not available	
1956	228	17	27	2	3	2
1957	176(58)	21	16	3	2	2
1958	143(54)	16	21	1	4	—
1959	154(40)	14	13	—	1	—
1960	141(47)	10	19	—	1	—
1961	160(48)	15	22	—	4	—
1962	90(35)	10	14	—	2	—
1963	108(34)	19	9	3	—	1
1964	107(31)	12	9	3	2	3
1965	70(28)	15(5)	6	—	—	1

Bracketed figures denote bacteriologically positive cases.

Deaths During 1965, tuberculosis was registered as the cause of death in 7 cases.

Clinic Register An analysis of the number of patients on the 'live' Chest Clinic Register at the end of the year is shown in Table 3.

TABLE 3

	Males	Females	Children	Totals
Respiratory Tuberculosis ...	636	409	236	1,281
Non-Respiratory Tuberculosis ...	14	9	—	23
Totals ...	650	418	236	1,304

CHEST CLINIC AND HOSPITAL WORK

Attendances 4,759 new cases were investigated during the year. Of these, 1,570 were referred to the out-patient clinics, the remainder being examined at the open X-ray sessions. In addition, there were 5,239 attendances of old cases, a further 1,284 old cases attended for X-ray only and 738 contacts were examined.

TABLE 4
ANALYSIS OF CLINIC ATTENDANCES

Year	Total Attendances	New cases referred		New Contacts	Re-attendances	
		Clinic	G.P. X-ray		Clinic	X-ray only
1958	14,711	1,129	4,052	881	8,649	
1959	15,162	1,197	4,425	948	8,592	
1960	13,924	1,059	3,957	876	8,032	
1961	13,794	1,861	3,634	926	7,373	
1962	12,831	1,707	3,139	837	7,148	
1963	11,929	1,673	3,049	933	6,274	
1964	11,587	1,448	2,382	791	6,966	
1965	12,020	1,570	3,189	738	5,239	1,284

Case Finding The main methods by which new cases are discovered are analysed in Table 5.

TABLE 5
SOURCE OF NOTIFIED CASES OF RESPIRATORY TUBERCULOSIS
(Percentage of total notified cases shown in brackets)

Year	M.M.R.	Clinic	G.P. X-ray	School Medical Service	Contacts	Other Hospitals
1957	43 (24.4)	60 (31.1)	26 (14.8)	2 (1.1)	21 (11.9)	24 (13.7)
1958	32 (22.4)	43 (30.0)	21 (14.7)	1 (0.7)	14 (9.8)	32 (22.4)
1959	23 (14.9)	60 (39.0)	17 (11.1)	5 (3.2)	14 (9.1)	35 (22.7)
1960	35 (24.8)	49 (34.7)	11 (8.0)	1 (0.7)	15 (10.6)	30 (21.2)
1961	28 (17.5)	67 (41.9)	10 (6.2)	2 (1.2)	15 (9.4)	38 (23.8)
1962	29 (32.2)	38 (42.2)	7 (7.8)	— —	4 (4.5)	12 (13.3)
1963	28 (25.9)	31 (28.9)	16 (14.8)	5 (4.6)	14 (12.9)	14 (12.9)
1964	27 (25.2)	29 (27.1)	8 (7.5)	1 (0.9)	17 (15.9)	25 (23.4)
1965	18 (25.7)	23 (32.9)	4 (5.7)	1 (1.4)	14 (20.0)	10 (14.3)

TABLE 6

FINDINGS IN TUBERCULIN POSITIVE SCHOOL LEAVERS

<i>Year</i>	<i>Number of children aged 13-14</i>	<i>Number tested with Tuberculin</i>	<i>Tuberculin Positive Reactors</i>	<i>Positive Reactors with active T.B.</i>	<i>Active T.B. in contacts of Positive Reactors</i>
1959	3,198	1,889	177 (9.4%)	5	—
1960	3,740	2,290	166 (7.2%)	1	4
1961	3,671	2,158	145 (6.7%)	2	2
1962	3,282	2,226	127 (5.7%)	—	—
1963	3,191	1,932	101 (5.2%)	5	5
1964	2,959	1,821	72 (3.9%)	1	3
1965	2,953	1,886	83 (4.4%)	1	4

The percentage of tuberculin positive reactors in the child population gives a good indication of the extent of infectious tuberculosis in this area and there has been no significant change in the past year.

TABLE 7

HOSPITAL TREATMENT

The numbers of admissions to Didworthy and the Scott Hospital for the treatment of tuberculosis during the last 3 years are shown below:

1963	....	....	154
1964	....	....	101
1965	....	....	78

TABLE 8

RESISTANT BACILLI IN NEW CASES OF RESPIRATORY TUBERCULOSIS

<i>Year</i>	<i>Total No. Notified</i>	<i>No. Sputum Positive</i>	<i>No. Infected with Resistant Strains</i>
1960	141	47	1
1961	160	48	1
1962	90	35	—
1963	108	34	1
1964	107	31	1
1965	70	28	—

Chronic Sputum Positive Cases These patients are few in number and are closely supervised by the Health Visitor.

The total number on 31st December, 1965 was 4.

B.C.G. Vaccination The following table shows the number of cases vaccinated against tuberculosis in 1965.

TABLE 9

School Children (under 14)	....	1,716
School Children (over 14)....	....	118
Contacts	....	219

Rehousing The Housing Committee co-operate in the rehousing of patients found to be living in unsatisfactory conditions.

To the 34 cases awaiting rehousing on the 31st December, 1964, were added a further 13 recommended by the Medical Officer of Health. 19 Families were rehoused and 17 removed from the list, leaving 11 still to be rehoused on 31st December, 1965.

Voluntary Organisations The Plymouth Chest Clinic Patients' Care Committee, formerly known as the Tuberculosis Care and After-Care Voluntary Committee, continued to act as agent of the Local Authority for the welfare of the tuberculous patient and a grant for these services was maintained at £600.

Total expenditure for the year amounted to £1,245, of which sum £967 was devoted directly to the assistance of the patient and grants to hospitals.

As in previous years, the majority of applications was in respect of clothing, bedding and food grants. Cheap milk was granted to patients, an item accounting for expenditure amounting to £700 and amenities were also provided for Didworthy and Scott Hospitals.

In April 1966 the South-Western Regional Hospital Board published a report on tuberculosis for 1964. The following extract is worthy of note:

“Position in Plymouth

“In previous years the opinion has been expressed that the prevalence of the disease in Plymouth is higher than in the rest of the Region. If this were correct, one would expect the natural tuberculin conversion figures for schoolchildren in Plymouth to be higher than elsewhere. The results of tuberculin testing of 13–18-year-old schoolchildren prior to B.C.G. vaccination in the school medical service show a prevalence of positive reactors in Plymouth of 4%, the lowest in the Region.

“That this was no chance occurrence is shown by examining the findings from 1959–1964, inclusive, during which period the conversion rate steadily declined from 9.4% to 3.9%. There is no reason to suspect the accuracy of the testing in Plymouth. It is carried out by experienced doctors using 10 T.U. of P.P.D. in an orthodox mantoux test. The P.P.D. is correctly stored and regularly used within three weeks of receipt. The uptake of tests, whilst on the low side of the median, does not differ markedly from most other local authority areas in the Region. The possibility was considered that one variable factor for the different parts of the Region could have been the dates on which the pasteurisation of milk became compulsory or, in other areas, more commonly used, and also the dates on which different areas became ‘designated’ areas. Authorities in the Public Health field were of the opinion that this was probably not significant. The indications are then that despite the high incidence of notified disease in Plymouth, the extent of *infectious* tuberculosis there is less than in the rest of the Region.

“Further evidence to support this point of view is that in Plymouth the proportion of all new notifications which were sputum-positive and the rate of new sputum-positive cases diagnosed per 100,000 population were both below the regional averages. It may well be that the high notification and discovery rates were occasioned either by different criteria for diagnosis and notification, or because energetic case-finding is resulting in an increased number of new patients being discovered before they become sputum-positive.”

(B) OTHER ILLNESS

Health Education

During 1965 the department's work in this field was expanded in a number of ways. With an improvement in the number of health visitors it was possible for more attention to be given to general aspects of health education by way of increased talks to mothers and to women's organisations and much more use was made of publicity material of many kinds.

In particular, special emphasis was given by the use of posters and leaflets to the campaign against smoking and against venereal disease, and in addition the Plymouth Home Safety Committee, which was formed in 1964 to co-ordinate the efforts of various organisations and departments to teach home safety, decided in the early part of the year to stage a Home Safety Exhibition during the summer.

The Exhibition, designed to show potential dangers in the home and how to avoid them, was opened in the Gallery of the Municipal Offices by the Deputy Lord Mayor on 16th July. Displays were arranged by several of the organisations represented on the Home Safety Committee, including the Health and Welfare Department. A film on "Home Safety" and demonstrations of "Mouth-to-Mouth Resuscitation" by Plymouth Ambulance Officers, were shown in Radiant House by courtesy of the South Western Gas Board. In the two and a half weeks it was open, the exhibition was seen by a large number of citizens and visitors.

(C) VENEREAL DISEASES REPORT 1965

Then and Now

This is my Thirtieth Annual Report on the treatment and incidence of Venereal Disease in Plymouth and the surrounding districts, and a brief review of the advances made over the years may be of some general interest. Not only has treatment changed, but the diseases have shown marked variation in their incidence and importance. In the thirties, the chief diseases treated were Gonorrhoea, Syphilis and Soft Sore. Diagnosis was largely clinical as only limited bacteriology was possible. In the case of Gonorrhoea the only test was a smear, as there were no facilities for culturing the organisms and treatment was confined to somewhat crude irrigations in the male and antiseptic packs in the female. This went on for many weeks, during which time numerous complications occurred, chiefly arthritis, eye infections, prostatitis, abscesses and stricture. These now are all things of the past except perhaps stricture. In women sterility and complications in the genital system were common, the latter often requiring surgical intervention for their relief.

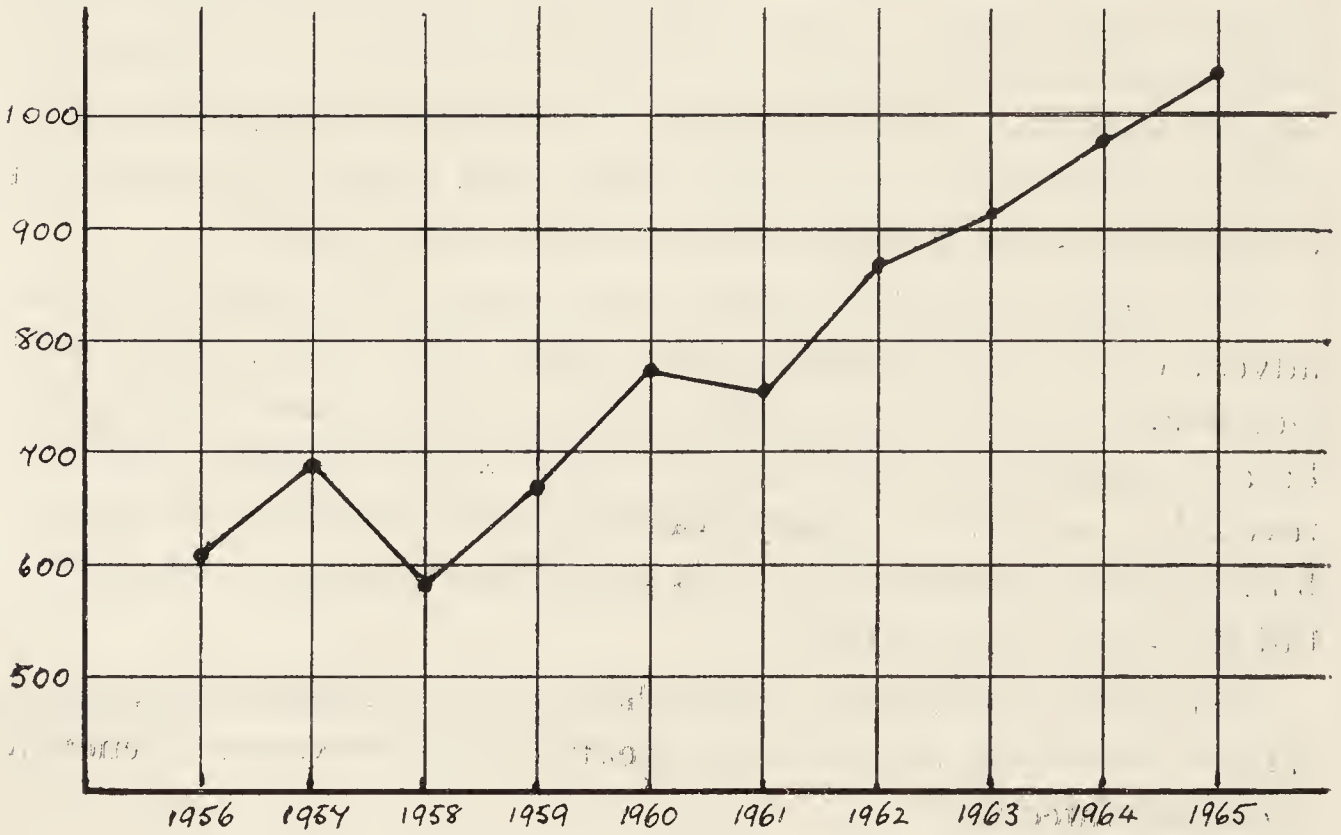
The diagnosis of anything but acute primary Syphilis was based on the Wasserman blood test and it is now realised that this is a test with strict limitations, so that many patients and especially pregnant women, who often showed a false positive test, must have been treated unnecessarily. Many more very accurate blood tests have since been devised, making the ultimate diagnosis in a doubtful case almost foolproof. The treatment of Syphilis was based on long courses of injections with toxic drugs and these often produced complications which were nearly as severe as the disease.

The first real medical advance was made about 1938 with the advent of the sulphonamide drugs, which for a short time cured Gonorrhoea in a relatively short period. Soon, however, the germ became resistant to the drug and success was short lived. The real revolution came with the appearance of penicillin in the mid-forties, for here was a drug which not only cured Gonorrhoea in record time, but did the same for Syphilis.

Following this success a whole host of new antibiotics appeared, each of which had its use in the treatment of the various Venereal and allied infections.

It is now recognised that Syphilis, Gonorrhoea and Soft Sore are not the only common Venereal Diseases. Trichomonal infection in both men and women as well as various parasitic infections are all recognised as either primary disease or as complications of existing Venereal infections, and it is largely owing to the first class laboratory facilities available, together with the tremendous progress in new types of drugs, that make all kinds of Venereal infections respond readily to early and correct treatment. It is useless to have all these therapeutic weapons at hand unless there is a good team devoted to the work. In Plymouth every encouragement is given for early treatment of the disease under conditions of secrecy, and tactful contact tracing by the staff has expanded the number each year. There is a general impression that this work is uninteresting. This is quite untrue, and the fact that the staff has remained stable over the years shows the attraction of the work. In thirty years only two members have left for other work and the average years of service of the rest is just over twenty years. They are still keen and enthusiastic.

General Trend in 1965 Ever since 1958 the number of patients attending the Treatment Centre for the first time has shown an increase. Last year I reported a 6 per cent increase and this year it has again increased another 7 per cent. The graph shown below illustrates the trend. There is every reason to think that this upward trend will continue in spite of education and propaganda by the Press and Television.



During the year there were 1,041 new patients, the highest ever recorded except in 1947, the year of the post-war "epidemic", when 1,153 cases were treated. There were 38 cases of Syphilis in various stages, 118 cases of Gonorrhoea, 1 Soft Sore, and 243 cases of non-Gonococcal Urethritis in men. This latter disease is becoming increasingly common and is beginning to oust Gonorrhoea as the commonest infection in men. In addition, 302 cases of other conditions allied to Venereal Disease were treated. Most of these were trichomonal infections in women, venereal warts and other parasitic diseases. After careful tests and observation, 339 cases were found to be free of the disease. Often, however, these patients showed signs of other medical diseases and were either referred to the appropriate department or to their general practitioners. There were nearly 6,000 attendances.

Contact tracing was continued on the lines indicated in my last report and no less than 42 patients were persuaded to come up for examination and treatment. One hundred and nine seamen of thirteen nationalities were treated and given directions as to further care on the International Card.

Last year I referred to the valuable help given to me by the late Mr. Austin Concanon. I am most grateful to Mr. G. Davidson for agreeing to carry on this work, and during the year 20 women suffering from uterine disease were referred to him for his opinion and treatment.

The weekly clinic held for expectant mothers has been a great success and is useful in alleviating many of the minor infections which are common in pregnancy.

The In-patient department, which works in close conjunction with the Out-patient department, and is staffed by the same personnel, has been well occupied and the In-patient days total 1,387. These patients are mostly girls from Remand Homes, homes for unmarried mothers and those without homes at all. Seamen are also admitted when treatment is urgent and unobtainable on board ship.

There is a general tendency to close this type of ward and use them for other and often unspecified purposes. This would be a great mistake as it is absolutely necessary that homeless patients and those in various institutions should have In-patient treatment, both in their own interest and to prevent the spread of infection to

others. It would also prevent those living at a long distance from receiving the proper treatment appropriate to their condition. I certainly hope that such a retrograde step will not be taken in Plymouth, for without these wards the efficiency of the department would be greatly diminished.

Finally, I should like to thank the whole of the staff for their loyalty and help in making this department both pleasant and efficient from the patients' point of view.

TABLE A
TOTAL NEW CASES FOR THE YEAR, 1965,
INCLUDING TRANSFERS FROM OTHER CENTRES

<i>Year 1965</i>	<i>Syphilis</i>	<i>Chancroid</i>	<i>Gonorrhoea</i>	<i>Non-Specific Urethritis</i>	<i>Other Conditions requiring treatment</i>	<i>Non-V.D.</i>	<i>Totals</i>
PLYMOUTH	30	—	107	216	259	284	896
DEVON	7	—	8	14	29	34	92
CORNWALL	1	1	3	13	14	21	53
TOTALS	38	1	118	243	302	339	1041

TABLE B
NEW CASES FOR THE YEAR, 1965 — EXCLUSIVE OF TRANSFERS

<i>Year</i>	<i>Syphilis</i>			<i>Gonorrhoea</i>			<i>Totals</i>
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	
1961 ...	11	15	26	88	24	112	138
1962 ...	10	7	17	112	19	131	148
1963 ...	8	5	13	97	37	134	147
1964 ...	6	8	14	94	28	122	136
1965 ...	22	14	36	80	38	118	154

MASS RADIOGRAPHY SERVICE

Report on work carried out in the City of Plymouth and abnormalities found in Plymouth residents during the year ended 31st December, 1965. (*Extracted from the Report of Dr. A. R. Templeton.*)

Number of Examinations and Prevalence of Pulmonary Tuberculosis

	Male	Female	Total
Number of persons examined	9,881	10,438	20,319

CASES OF PULMONARY TUBERCULOSIS:

(a) Requiring treatment	11	8	19
(b) Requiring observation	12	4	16
(c) Inactive	53	44	97

Analyses by Survey Group of Cases of Pulmonary Tuberculosis requiring treatment

				Pulmonary Tuberculosis	
General Practitioner referrals			698		1
School Children			3,148		1
Contact Groups			193		—
Contacts of Tuberculin Positive Reactors			16		—
Prisons and Homes for the Aged			44		1
Industrial and Commercial Surveys			10,028		5
Students			529		—
Hospital Staff			633		—
School Staff			1,078		—
General Public			3,610		10
Antenatal Cases			342		1
TOTAL				20,319	19

Age and Sex Analyses of Cases of Pulmonary Tuberculosis requiring treatment

		—15	15–24	25–34	35–44	45–59	60+	Total
Male		—	—	4	2	2	3	11
Female		—	2	1	3	1	1	8
								19

NON-TUBERCULOUS CONDITIONS

Carcinoma Bronchus	...	...	...	...	...	...	8
Other Malignant Neoplasms	...	...	...	...	...	...	2
Non-Malignant Neoplasms including enlargement of the Thyroid	...	...	...	...	...	...	3
Sacoidosis	...	...	...	...	...	...	1
Cardio Vascular Disease:							
Congenital	...	...	...	...	...	...	3
Acquired	...	...	...	...	...	...	46
Pneumoconiosis – simple	...	...	...	...	...	...	2
Bronchiectasis	...	...	...	...	...	...	20
Pulmonary Infections including all types of Pneumonia and Fungus Infections	...	...	...	...	...	...	27
Pleural Effusions and Empyema	...	...	...	...	...	...	2
Bronchitis and Emphysema	...	...	...	...	...	...	72
Abnormalities of the Diaphragm and Oesophagus	...	...	...	...	...	...	7
Other Significant Abnormalities	...	...	...	...	...	...	1
Others of Non-Clinical Significance	...	...	...	...	...	...	69

Home Nursing

Superintendent: MISS D. M. WILLIAMS

Staff The establishment was forty-three and one-third (including students).

The staff on 31st December, 1965, was:

- 1 Superintendent
- 2 Assistants
- 28 Female Queen's Nurses
- 9 Male Queen's Nurses
- 1 Female State Registered Nurse
- 5 Queen's Nurses (part-time)
- 4 Student District Nurses

Transport 6 Corporation cars.
Car allowances to 38 car owners (includes 1 on public transport basis)
1 Allowance for a Moped (on public transport basis).

Training Five students were trained during the year; one was accepted for training only and four were for the staff.

Postgraduate Course Three Queen's Nurses and one Administrator attended postgraduate courses recognised by the Ministry of Health.

Report The number of patients nursed and visits paid have remained about the same, although there is a slight increase of patients over 65 years and under 5 years of age. The amount of work done is steadily increasing, since rehabilitation and dealing with social problems is time consuming.

It is becoming apparent that to meet the needs of society and not waste skilled nurses, three grades of staff are required, the State Registered Nurse (District Trained) to head the team, the State Enrolled Nurse (District Trained) to do all but the highly-skilled nursing and the Bath or Personal Attendant to meet the growing

need for someone to help those who cannot manage to wash and dress themselves, because of age, infirmity or because they are alone. These workers need adequate transport and communication. To this end we are hoping to add to our staff of Queen's Nurses some State Enrolled Nurses and increase our Bath Attendants.

The use of incontinence pads has increased as follows:

					1964	1965
No. of Pads	...	...	...	...	20,500	32,187
No. of patients	...	...	...	...	130	344

The service is still only available to selected patients. At present the disposal of the pads does not cause any trouble. When they cannot be burnt on the premises, they are wrapped in newspapers and put in the dustbin. The sheet and laundry service continues to be of great use, but involves difficulties in transport.

Disposable syringes are now used for all injections except where the patient has his own syringe (e.g. Diabetics). Sterilized disposable catheters prescribed by the Doctor are also the accepted routine for patients needing such treatment. It is hoped that before long these catheters and sterile dressing packs will be part of the basic emergency equipment carried by our staff and that pre-packed sterilized dressings will be provided for the patient treated at home, just as they now are for the hospital patient.

The Nurses' Home is in the process of shedding one house, which causes much upheaval, but it is hoped that the remaining accommodation can be made more suitable and more economical to run.

WORK DONE

Patients on books beginning of 1965...	...	...	...	...	960
New patients during the year...	...	...	...	...	3,505
Total number of persons nursed during the year	...	...	...	...	4,465
Number of persons who were aged under 5 at first visit in 1965	...	...	...	...	186
Number of persons who were aged 65 and over at first visit in 1965	...	...	...	...	2,456
Total number of visits paid during the year	...	...	...	...	147,154
Number of visits paid to persons who were aged under 5...	...	...	...	...	1,134
Number of visits paid to persons who were aged 65 or over	...	...	...	...	105,811

Home Help Service

Organiser: MRS. D. FISHLEY

The following is a summary of the work undertaken by the department's service during the year:

Visits by Organiser	1,253	
Number of Cases assisted:							
Confinements	107	} 252
Tuberculosis	...	...	...	...	...	1
Chronic Sick including Aged and Infirm	...	...	...	...	...	26
General Sickness	...	...	...	...	...	117
Toxaemia of Pregnancy	1	} 252
Average number of helpers employed weekly	...	...	...	...	...	29
Total number of hours worked by helpers	...	...	...	...	...	35,133
Amount recovered from householders	...	...	...	...	...	£1,965
Number of cases of full recovery of cost	54	} 252
Number of cases of part recovery of cost	...	...	...	...	...	146
Number of cases free	...	...	...	...	...	52

The Plymouth Guild of Social Service has continued to provide a part-time service for old people with financial assistance from the Local Health Authority.

I am indebted to the Guild for the following details of work done:

Average number of cases assisted weekly	...	...	795
Average number of Home Helps employed weekly	...	...	169
Total number of hours worked by helpers	...	...	201,557

Mental Health

Senior Medical Officer for Mental Health:

DR. N. R. MATHESON

Statistics and some observations are embodied in the Plymouth Nuffield Clinic report.

Work at the training centres has continued as before.

The Junior centre has been full and there has been an increased demand for places for children below the age of five years. Several of the children attending are very much in need of residential care in hospital and some would be better placed in a day hospital if there were facilities in the city.

We have been disappointed at not being able to extend the Adult centre, the site next door being still occupied by a school. The present premises at St. George's are overcrowded.

The Hostel for subnormal women is now open and seventeen have been accommodated for various periods. Several residents proved to be not stable enough for this type of home. They have needed an inordinate amount of social work and yet could not manage. Fortunately, the Royal Western Counties Hospital has been able to help by offering places when they were necessary. We have a clearer idea now of the type of person suitable but we still expect that in an emergency we may have to give temporary help to other patients.

NUFFIELD CLINIC

REPORT OF MEDICAL DIRECTOR

(1) INTRODUCTION

The Joint Management Committee of the Hospital and Local Authority representatives held five meetings during the year. In January, after consideration of reports submitted to them, they resolved that the Education Committee be asked to recommend the City Council to appoint an additional Educational Psychologist. They recommended that, subject to the approval of the participating authorities, Mr. J. Holwell, Senior Clerk, be authorised to attend a one-week course at the Regional Hospital Board Training Centre at Lyngford House, Taunton. It was reported to the Committee that Dr. J. Tisdall had been appointed as Clinical Assistant and would be working in the Children's Section for one session a week. At the March meeting the Annual Report for 1964 was presented and accepted. It was reported that arrangements had been made with the General Hospital for the provision of special diet meals for day hospital patients when necessary. The Committee, in June, discussed the report submitted to them – "Educational Provision for Maladjusted Children in Plymouth". They approved the appointment of Miss J. Surie as Social Worker in the Children's Section on a temporary basis. At the meeting in September they gave approval to my proposal that one full-time Remedial Teacher be appointed to work with individual referrals in the Children's Section. The Committee welcomed the progress being made towards the establishment of special day classes for severely maladjusted children (organised separately for junior and secondary age ranges), and the establishment of a hostel for not more than twenty severely maladjusted children. At the December meeting it became known that the South Western Regional Hospital Board had approved the appointment of a Consultant Child Psychiatrist and that the post for the Plymouth Clinical Area based on the Nuffield Clinic, Children's Section, would shortly be advertised. It is recorded that no progress was made towards the provision of a hostel for mentally ill persons. The Local Health Authority deferred consideration of this proposal for twelve months – but the urgent need of a hostel, on the lines of the Newport scheme, remains unchanged.

At a Conference entitled "Improving the Effectiveness of Psychiatric Hospitals" held by the Royal College of Nursing on 7th and 8th December at Church House, Westminster, Sir George Godber gave a paper "Essential Elements of a Modern Comprehensive Mental Health Service". He noted that we had been passing through a period of fundamental change in our approach to the management of the mentally ill and of the mentally sub-normal. He then said: "The very fact that our starting point is the hospital, reflects the delayed acceptance even here of the idea that a service for the mentally disordered is a community service with hospital associations, not simply a psychiatric service with some out-patient facilities". He noted that in 1964 in this country there were fifty-two independently sited day hospitals with 6,886 new patients referred to them in that year – 'and now see them not as isolated units, but as part of a system of community care – a part that will be just as necessary in the future as the provision of wards'. He noted that organised medical care must start with prevention and that it doesn't all need the fully-trained mental health worker but rather understanding in the health professions as a whole. 'What we need to do is to expand the volume of psychiatric work as fast as we can, consistent with quality. That work is not predominantly with long-stay patients, but more with early treatment, both in-patient and out-patient, with day hospitals and with community care. There is a need for effort with the long-stay patient, but it is mainly a promoting of what has been called resocialisation, and it involved much more non-medical than medical time. The recruitment of mental nurses is just as important as the recruitment of psychiatrists'.

At the same conference and following Sir George Godber, seven members of the staff of the Nuffield Clinic gave papers under the title of "The First Step". Dr. Weeks summarised the development of the clinic and gave a brief outline of the services provided. Dr. Matheson outlined the community services for sub-normal patients in the City of Plymouth, giving brief details of the Junior and Senior Training Centres and the hostel for sub-normal women. Mr. Landy reviewed the work of the Mental Welfare Officer with both mentally-ill and sub-normal patients and mentioned a few of the advantages of working from a Mental Health Centre. Mr. Hunter, Charge Nurse of the Day Hospital, gave some details of the accommodation and the programme of the patients' day. He described the various meetings both of staff and patients which took place each week.

Mrs. Chamney explained the role of the Psychiatric Social Worker in the community and gave details of the liaison developing between various types of social workers. Miss Anderson described the work of the Children's Section mentioning the increased contact with other staff members of the Mental Health services in the area. Mr. Holwell gave details of the records system and mentioned the financial arrangements in broad outline for the year 1964-1965. The team concluded as follows: 'Whatever the units of a psychiatric service, it has to show that it can provide effective care and treatment for individual patients, effective support for the family - the people must be satisfied that they have been cared for in a dignified and humane way and have had the opportunity to benefit from the best treatment techniques available for their particular illness. Provision of a comprehensive mental health centre as the Nuffield Clinic is, may be one way of developing a community psychiatric service'.

(2) ADULT DEPARTMENT

(i) **Day Hospital** The figures given below refer to the period from 1st January to 31st December, 1965, the figures for the two previous years are also given. (It should be noted that the figures in 1963 are for a period 19th February to 31st December and not a full year.)

TABLE 1

ADMISSIONS	1965	1964	1963
Number of patients referred	207	228	169
Number of male patients ...	85	76	69
Number of female patients ...	122	152	100

TABLE II

SOURCES OF REFERRAL	1965			1964			1963		
	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>
Out-Patient Dept. of Psychological Medicine (Freedom Fields Hospital); Domiciliary Consultations; Follow-up Clinics	35	56	91	21	38	59	25	34	59
Psychiatric Hospital (Moorhaven Hospital Group)	35	48	83	33	90	123	28	47	75
Others (P.S.Ws., Nursing, After-care, M.W.Os & G.Ps.) ...	15	18	33	22	24	46	16	19	35

TABLE III

DISCHARGES	1965	1964	1963
Number of patients discharged	210	197	96
Number of male patients ...	83	75	44
Number of female patients ...	127	122	52

TABLE IV

AFTER DISCHARGE	1965			1964			1963		
	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>
Home/Employment ...	50	71	121	42	52	94	21	19	40
Psychiatric Hospital:									
i Informal ...	15	28	43	22	39	61	10	20	30
ii Section 25 ...	1	4	5	—	1	1	1	—	1
iii Section 29 ...	2	5	7	1	6	7	1	2	3
iv Section 26 ...	3	2	5	—	1	1	—	—	—
Adult Training Centre	—	—	—	—	—	—	1	—	1
Unsuitable for Day									
Hospital ...	—	—	—	—	—	—	3	1	4
Failed to attend regu-									
larly, follow-up con-									
tact, then discharge ...	5	12	17	2	17	19	7	10	17
Miscellaneous ...	7	5	12	8	6	14	—	—	—

TABLE V

AGE	1965		1964		1963	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
10-14 years ...	—	—	—	1	—	1
15-25 years ...	11	16	7	18	7	12
25-34 years ...	13	19	12	24	14	8
35-44 years ...	19	27	25	32	16	25
45-54 years ...	23	48	11	53	9	18
55-64 years ...	16	40	16	43	9	17
65-74 years ...	26	30	26	22	14	14
75 and over ...	6	17	3	8	—	6

TABLE VI

	1965	1964	1963
On the Register at 31st December, 1965	101	104	73
Total attendances	13,226	12,622	7,979
Average daily attendance	52	49	—
Age range	16–82 years	14–80 years	15–86 years
Average age – male patients	42 years	62 years	51 years
Average age – female patients	52 years	49 years	48 years
Total admissions since February, 1963	618	411	—
Re-admissions	52 (25%)	53 (23.2%)	—

At the end of May 1965, Mr. David Lowman returned to Moorhaven Hospital and has since been promoted to Assistant Chief Male Nurse. He had been Charge Nurse at the Day Hospital since the opening in February 1963. In May, Mr. Jim Hunter was appointed as Charge Nurse and he reports as follows:—

“During 1965 there was a continuous demand for vacancies, at times the number of patients on the register rose to over 120, and the daily attendance to over 60. One third of those attending required Ambulance or car transport. During the year the need to closely supervise patients’ medication became more evident.

Admissions The number of patients referred from the out-patient department, follow-up clinics and domiciliary consultations has increased to 91 compared with 59 in the previous year.

Discharges The number of patients discharged to the in-patient units at Moorhaven Hospital has decreased to 60 compared with 70 in the previous year. Finding suitable employment for some patients remains a problem despite the close contact that has developed with Mr. Theaker, Disablement Rehabilitation Officer, who visits the Day Hospital on request.

Treatment At the beginning of the year the number of medical sessions was increased by three sessions per week. This has enabled two weekly meetings of staff and patients to be held, each followed by a staff meeting.

For two months of the year a small amount of Industrial contract work was provided from the Senior Training Centre at Stonehouse. Traditional Occupational Therapy continued as before.

The Patients' Social Club continued to be active, organising a varied programme of indoor and outdoor social activities. A voluntary helper spent Wednesday afternoons with the Geriatric patients organising panel games and stamp collecting. A number of local voluntary organisations have given shows in the Day Hospital: the Pennycross Methodist Sisterhood Choir gave a concert; a cabaret was presented by the Miss Geraldine Lamb School of Dancing; and the Maxims Troupe presented an excellent display of Hawaiian Dancing. Discussions, play reading, painting and musical exercises have been popular – patients who have particular talents have been encouraged to help other patients in these activities.

The nursing staff have continued to accompany patients to hospital with the Mental Welfare Officers and to be with patients having out-patient electroplexy. Student Nurses from Moorhaven Hospital spend six weeks at the Day Hospital. During this time they are taken by one of the Mental Welfare Officers to visit a representative section of patients living at home and visit the St. George's Adult Training Centre and Highbury Junior Training Centre.

Mr. A. Deighton (staff nurse) and Mrs. G. Mitchell (part-time staff nurse) have continued to provide an after-care service. In addition other members of the nursing staff have carried out 120 visits to patients' homes – these are chiefly fact-finding visits to establish the reasons for non-attendance. Mrs. M. Heller (staff nurse, Moorhaven Hospital) in the course of carrying out nursing after-care duties visits the Day Hospital at least once a week.

Student Nurses from the General Hospital have had a course of lectures from Dr. F. Pilkington at the Day Hospital when patients have been readily available for demonstration."

Dr. Richard Neville has been closely concerned with the Day Hospital during this year and reports as follows:

“From February 1965, I attended the Day Hospital on Monday and Thursday mornings and at first every Tuesday, then the first, third and fifth Tuesday afternoons.

Under consultant supervision I had clinical responsibility for the majority of patients attending the Day Hospital. Patients were seen for individual interview as required and I conducted community therapy meetings of all patients and staff every Monday at 10.30 a.m. and whenever I attended on Tuesdays at 2 p.m. Mrs. Shirley Chamney (Psychiatric Social Worker) attended as observer and recorder. Similar meetings were run by the Charge Nurse in my absence on other Tuesdays. In these large meetings patients were encouraged to express feelings with the aim of learning more about themselves by exchanging ideas centred on problems associated with attending the Day Hospital. The situation was to promote and maintain a therapeutic atmosphere in which patients would feel accepted, supported and understood, and able to share their problems and responsibilities with one another as well as the staff. Every community meeting was followed by a staff meeting when many topics were discussed. There was a further staff meeting on Thursday mornings, to discuss the week's admissions and discharges. The need for division of patients into several small groups each under the care of a nurse was a constantly recurring theme and a reflection of the large number of patients attending; in my view, too many for each nurse to get to know adequately.”

(3) SOCIAL WORK SERVICE.

(a) Mental Health Dept.: The social work service provided by the five Mental City of Plymouth Welfare Officers on behalf of the sub-normals is supervised by those experienced in that field and in their work with the mentally ill there is direct contact with the psychiatrists.

Tables VII and VIII give details of the work of the Mental Welfare Officers with sub-normal and severely sub-normal patients. Dr. Matheson, the Senior Medical Officer in Mental Health, City of Plymouth, continues to be in charge of this aspect of their work.

TABLE VII

	1965			1964			1963		
	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>
<i>New cases notified:</i> As unsuitable for education at school or after leaving school ...	14	13	27	11	7	18	19	5	24
From other sources ...	6	5	11	2	5	7	6	7	13
TOTAL ...	20	18	38	13	12	25	25	12	37
<i>These were dealt with as follows:</i> Provided with community care ...	20	18	38	12	11	23	22	11	33
Admitted to Hospital for the sub-normal ...	—	—	—	1	1	2	3	1	4

TABLE VIII

OTHER PATIENTS						1965	1964	1963
Admitted to hospitals	...	...	...	...	...	13	24	31
Ceased to be under care		...	...	...	...	24	83	72
Died	...	...	...	...	...	6	7	15
Supervised on behalf of the Royal Western Counties Hospital, whilst on leave in Plymouth	...	...				2	4	6

TABLE IX

The Local Health Authority were responsible for the following number of patients:

	1965			1964			1963		
	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>
Receiving Community Care	238	215	453	250	236	486	287	244	531
In Hospital ...	220	174	394	219	176	395	210	174	384
TOTAL ...	458	389	847	469	412	881	497	418	915

Tables X and XI give details of the work of the Mental Welfare Officers with the mentally ill:

TABLE X

Admissions to Hospital under the Mental Health Act, 1959

	1965		
	<i>M</i>	<i>F</i>	<i>Total</i>
Section 25 ...	17	37	54
Section 26 ...	3	5	8
Section 29 ...	50	49	99
Section 60 ...	7	—	7
Informal ...	46	52	98
TOTAL ...	123	143	266

Table XI compares the 1965 figures above with the figures for 1964, 1963, 1962 and 1961

TABLE XI

<i>Year</i>	<i>Informal</i>	<i>Section 25</i>	<i>Section 26</i>	<i>Section 29</i>	<i>Section 60</i>	<i>Total</i>
1961 ...	118	61	3	87	4	283
1962 ...	107	31	2	120	5	265
1963 ...	91	58	8	108	4	269
1964 ...	110	56	6	100	—	272
1965 ...	98	54	8	99	7	266

With regard to After-Care for persons leaving hospital, we have held that a proper service could best be provided by a social worker who knew the patient and his family before admission and during the in-patient period. That worker would have direct contact to the doctors who had treated the patient and his work would be directed by the psychiatrist. In the early years of the service, this work was left to the hospital. In time, however, more and more mentally-ill patients have been referred to the Mental Welfare Officers for After-Care and they have been encouraged to identify themselves more and more with the whole treatment process. As the load became more than the hospital staff could cope with alone, the Mental Welfare Officers have come to share After-Care work with the Psychiatric Social Workers and Nurses.

In the field of the sub-normal, there were in Plymouth, at the end of 1965, 453 sub-normal and severely sub-normal patients living in the community under the care of the Mental Welfare Officers and a further 394 were in hospital. With five officers serving the city, each one has some responsibility towards 170 patients, varying from continuous support in the community to providing the occasional home report for the hospital. This is in addition to his duties as a Statutory officer and his work with the mentally ill. This case load should be reduced immediately by increasing the number of the staff.

Three of the Mental Welfare Officers are at present attending an extra-mural social work course at Exeter University on one half day per week. They would like to attend a two-year full-time course for a certificate in social work but with the present complement of officers this would not be possible without a serious deterioration in the service now provided.

During 1965 some 304 mentally-ill patients have been referred to Mental Welfare Officers with a view to admission to hospital and 266 were admitted – about 90%. This proportion is high compared with other areas because only the more severely-disturbed patients are referred to Mental Welfare Officers. The remaining 10% were dealt with by providing community care, out-patient treatment, admission to Day Hospital or referred to some other social agency. This admission rate, via the Mental Welfare Officer, shows a surprising uniformity.

Over the past six years the number of admissions via Mental Welfare Officers were:—

<i>1960</i>	<i>1961</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>
258	283	265	269	272	266

With the opening of the Nuffield Clinic it had been hoped to see a fall-off in these figures but this has not happened. We do know, however, that the proportion of patients admitted under Section 29 of the Mental Health Act, 1959, is reducing as follows:—

<i>1961</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>
13.8%	16.8%	12.9%	12.3%	10.9%

Although most after-care for the mentally ill is provided by the hospital Psychiatric Social Workers, the Mental Welfare Officers try to keep in touch with as many of their admissions as possible, whilst in hospital and afterwards, unless some other social worker is already involved.

The requirement of the Mental Health Act that a patient admitted compulsorily to hospital shall first be examined by a doctor having special experience in the diagnosis of mental disorder has led to the medical staff of Moorhaven Hospital seeing much more of patients in the community and of the social pressures involved. This, we are sure, has been to the benefit of all concerned. The number of Mental Health Act examinations carried out by the hospital medical staff in 1965 was 146 compared with 89 in 1963.

Further steps are still required to provide an even more effective service for those patients not admitted to hospital.

(b) Hospital Social Workers Mrs. L. Claiden, Mrs. S. Chamney, Mrs. C. O'Shea, Mr. P. Hunter and Mr. D. Oakley, continued as in 1964, to provide daily sessions at the Nuffield Clinic. The total number of sessions per week was 14. The programme, in fact, means that at least one of them is present in the clinic every weekday. During 1965 they carried out 815 interviews at the clinic with patients and/or relatives attending the Nuffield Clinic or the Out-Patient Department at Freedom Fields Hospital.

The attempt is made at all times to maintain the principle of continuity of care. Therefore, as far as possible, the social worker who may first encounter a family undertakes all the psycho-social enquiry as is necessary and subsequent case work with the member of the family for whom it is appropriate. With those cases referred to the Psychiatric Service by the Children's Department of the Local Authority or the Probation Service, the psychiatric social worker's role may be one of delegating her task to the colleague who already knows the family. The Child Care staff and Probation staff may be able to carry family case work of a similar kind done by the psychiatric social worker who can be there to support and advise in specific situations. The Nuffield Clinic has become the focus for the social workers to develop much sharing of knowledge and techniques regarding casework and student training.

When nursing staff carry out after-care with patients the selection of suitability is reached by discussion, based on the patients' needs. Each nurse can discuss problems of care with a psychiatric social worker; all information is channelled into informal meetings held in the Nuffield Clinic.

The Plymouth Guild of Social Service, until recently, embraced the more orthodox practical helping services. Now, with the advent of new social work staff, there are preliminary steps towards co-ordinating more effectively with statutory services to more families, and to use the varying levels of skills more economically. To this purpose, voluntary visitors have been recruited who indentify themselves with the Probation Service, Child Care Service or Mental Health Services, to offer help and guidance under informal supervision. Their general training is under the organisation of the Guild of Social Service who during the year appointed a training officer for this purpose.

(4) PSYCHOTHERAPY AND FOLLOW-UP CLINICS

The number of medical sessions held during the period under review were as on page 100a.

It should be noted that compared with the previous year three new sessions have been allocated to the Day Hospital and one new session on a Monday evening has been provided by Dr. J. Wood. At this session patients are seen who are in need of psychotherapy and are, at the same time, on probation.

FORENSIC CLINIC

Since 1st February, 1965, an out-patient session has been conducted each Monday evening for patients whose illnesses have caused them to behave in a manner which has brought them into conflict with the Law (or would be liable to do so).

In approximately two-thirds of the cases, referral has been consequent upon conviction for a recent offence, the remaining one-third having committed offences in the past for which they may or may not have been apprehended.

The function of the clinic has so far been primarily to provide treatment, mainly of a psychotherapeutic nature, for this group of patients for whom absence from work in order to attend regularly at relatively frequent intervals, for treatment during normal working hours, would be undesirable.

Referrals have been made in most cases by other psychiatrists, but a small proportion have been referred directly by probation officers, for the purpose of diagnosis and recommendation for disposal before the patients' appearance in court.

TABLE XII

		<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
DR. PILKINGTON ...	A.M.						
	P.M.	N.C. (PT)	O.P.D.			O.P.D.	
DR. BLAIR ...	A.M.			O.P.D.			
	P.M.	N.C. (PT)					
DR. GILROY ...	A.M.						
	P.M.		O.P.D.	N.C. (PT)		N.C. (PT)	
DR. WEEKS...	A.M.		N.C.				N.C.
	P.M.	N.C.			O.P.D.		
DR. NEVILLE ...	A.M.	N.C.			N.C.		O.P.D.
	P.M.		N.C.	N.C. (FU)			
DR. ROY ...	A.M.		E.E.G.				
	P.M.	O.P.D.			N.C. (FU)*		
DR. HELLON ...	A.M.						
	P.M.		O.P.D.			N.C. (FU)	
DR. LILAUWALA ...	A.M.						
	P.M.					N.C. (FU)†	
DR. JONES ...	A.M.						
	P.M.		N.C. (FU)†	Neurology	N.C. (PT)		
DR. WOOD ...	A.M.			O.P.D. (FU)			
	P.M.	Forensic Clinic (eve.)					
DR. SMITH ...	A.M.						
	P.M.					N.C. (FU)*	
DR. KING ...	A.M.						O.P.D. E.C.T
	P.M.		N.C. (FU)*				
DR. OSTLER ...	A.M.						
	P.M.		N.C. (FU)†				

KEY: N.C. = Nuffield Clinic
P.T. = Psychotherapy
F.U. = Follow-up

* = Fortnightly (1st and 3rd)
† = Fortnightly (2nd and 4th)
O.P.D. = New cases in Out-Patients Department.

Up to the 31st December, 1965, 25 patients were seen for 109 sessions. 160 appointments were offered and the impression is that the failure rate is much higher than that for normal out-patient clinics.

Nineteen of the patients were men, 10 of whom had committed offences of a sexual nature. Of the remaining 9, 4 were being seen because of theft and 5 for preventive purposes. Four men were admitted to Moorhaven Hospital for further investigation and treatment as the result of their attendance at the clinic. Fourteen of the men were suffering from neurotic illnesses of an anxiety-depressive nature, in 11 anxiety being the predominant symptom and, in the remaining 3, depression predominating.

Two patients were suffering from organic states, one was showing signs of adolescent maladjustment and in two no psychiatric abnormality was apparent. Five men were considered to have disorders of personality of a severe degree which made them especially liable to behave in an anti-social manner.

Six of the patients were women, four having been convicted of shoplifting, one of being in unauthorised possession of drugs and one had appeared in court as being beyond parental control. The four shoplifters were all suffering from neurotic illnesses in which depression was the predominant symptom, but three had illnesses in which there was a marked hysterical component and in the fourth anxiety was a prominent symptom.

One patient was showing signs of adolescent maladjustment and one showed no gross psychiatric abnormality at the time she was seen. Two of the women were considered to have disorders of personality of a severe degree which would make them especially liable to behave in an anti-social manner.

It is not possible to give any meaningful figures relating to result but it is felt the treatment provided has been of benefit to a reasonable proportion of the patients and that the clinic has been of definite value.

The value could be increased in a number of ways, the most urgent of these being regular contact of the doctor taking the clinic with the probation officers who are, or have been, actively concerned in the treatment and supervision of practically all of the patients.

This has not so far been possible.

During the year there were 937 psychotherapeutic interviews given. At the follow-up clinics the number of interviews was 2,025.

In January, 1965, Dr. R. Neville started weekly group psychotherapy meetings with eight selected female patients. Dr. Neville reports as follows: "The group met every Wednesday for 1 to 1½ hours and Staff Nurse G. Mitchell attended as non-participant observer and recorder. The results so far as they relate to the first twelve months of this eighteen month project are as follows:

- Total number of meetings – 45
- Meetings cancelled by therapist – 7
- Meetings, 1 hour in length – 6
- Meetings, 1½ hours in length – 39
- Total hours of therapy – 64½
- Total membership of the group – 12
- Membership at the end of 1965 – 6
- Improved members – 7

" 'Improvement' is based on group function and adaptive changes in family, social and occupational roles. Four out of the five unimproved members attended for six or fewer meetings. The other unimproved member attended all forty-five meetings. I wish to acknowledge my debt to Dr. J. A. Johnson (Assistant Professor of Psychiatry, Emory School of Medicine, Georgia) whose book *Group Therapy* (1963) was a source of knowledge."

(5) GENERAL COMMENTS

During the year Mr. J. Holwell, Senior Clerk, has arranged all the appointments for the medical sessions in the adult department except for the Day Hospital sessions which are arranged by Dr. R. Neville and the nursing staff. He has the assistance of a shorthand typist, Mrs. M. Shaw, and a clerk, Miss J. Almasy. The telephone operator/filing clerk, Miss B. Solomons, has continued to provide an effective service to the clinic.

It was hoped that by the end of 1965 the research work which was started in 1960 by the Medical Research Council would be ready for publication but for technical reasons the work will not be finished until 1966. An analysis of the out-patient service only has so far been published, *British Journal of Psychiatry* (1965) 111, 10–17 Kessel, Hassall, Blair, Gilroy, Pilkington and Weeks.

Prior to the opening of the Nuffield Clinic the Local Authority Mental Health Service kept case records of its sub-normal patients, together with minor details of mentally-ill patients referred to Mental Welfare Officers. Out-patient records for mentally-ill patients were kept at the General Hospital. When the Clinic was nearing completion, after consultation with Records Officers from the Kings Fund Hospital Administrative Staff College, it was decided that all psychiatric notes should be kept at the Nuffield Clinic. All the existing Local Authority notes were perused and those thought to be "current" were given miscellaneous numbers. The General Hospital psychiatric notes have been amalgamated with any existing notes. The Child Guidance Clinic notes and those mentioned above were absorbed into the system and one index card was made out for every case record. The index cards form the master index. When more than one member of a family is known to the Clinic, the index cards are cross-referenced. When a patient is seen at the Nuffield Clinic in any connection at individual psychotherapy sessions, follow-up sessions, by mental welfare officers, psychiatric social workers, attending the Day Hospital or being seen in the Children's Section, a Nuffield Clinic folder is made out. This contains all the relevant psychiatric notes and reports previously contained in the miscellaneous file. Relevant notes include Out-patient notes, Mental Welfare Officers' notes, Psychiatric Social Workers' reports, Follow-up reports and Discharge letters. General Hospital notes are clearly marked that psychiatric notes are available at the Nuffield Clinic and will be sent to other medical staff on request – the psychiatrist in charge of the case is always asked first. When a patient is admitted to the Psychiatric Hospital, the daily list of admissions is telephoned through to the Nuffield Clinic and any notes held at the Clinic are sent to the hospital. These notes are returned, together with a discharge letter when the patient leaves hospital. A copy of every discharge letter is sent to the Clinic regardless of the address on discharge. The details of these letters are entered in the master index. In a similar manner when the General Hospital prepare their psychiatric out-patient clinics for new referrals they request the Clinic for any previous notes.

During 1965 Mr. J. Holwell attended a course arranged for all grades of staff who work in Out-patient departments. The course was organised by the Senior Training Officer of the South Western Regional Hospital Board.

I have become increasingly convinced during 1965 that the participating authorities are not yet fully conscious of the need to send senior staff to appropriate courses and conferences.

(6) CHILDREN'S SECTION

The number of medical sessions provided is given in Table XIII. on page 104a.

It will be seen from Table XIV that in 1965 there were 359 new referrals.

TABLE XIV

	<i>At</i> <i>31.12.65</i>	<i>At</i> <i>31.12.64</i>	<i>At</i> <i>31.12.63</i>	<i>At</i> <i>31.12.62</i>	<i>At</i> <i>31.12 61</i>
On Treatment Waiting List	15	18	19	30	32
On Diagnostic Waiting List	78	71	39	25	41
	<i>Year</i> <i>1965</i>	<i>Year</i> <i>1964</i>	<i>Year</i> <i>1963</i>	<i>Year</i> <i>1962</i>	<i>Year</i> <i>1961</i>
New Referrals	359	410	327	306	282
Cases given Full Clinical Investigation	190	246	210	219	215
Individual Treatment Interviews	1,895	1,402	1,194	1,125	1,158
Clinical Interviews by Psychologist	210	200	169	236	238
Home Visits by P.S.Ws ...	247	296	144	174	140
Cases closed	151	98	110	127	98
Cases undergoing Social Supervision	110	98	96	95	85

Of the 359 new cases referred, 63 were from Devon County. These cases are seen by the Educational Psychologist from Devon County, Mr. T. Hansel, and if they require remedial training they are referred to Mr. J. Foskett who attends for two sessions per week.

TABLE XIII

		<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
DR. PILKINGTON ...	A.M.						
	P.M.						
DR. BLAIR ...	A.M.						
	P.M.						
DR. GILROY ...	A.M.						
	P.M.	N.C. (CH.)			N.C. (CH.)		
DR. WEEKS ...	A.M.				N.C. (CH.)		
	P.M.		N.C. (CH.)			N.C. (CH.)	
DR. NEVILLE ...	A.M.						
	P.M.						
DR. ROY ...	A.M.						
	P.M.			N.C. (CH.)		N.C. (CH.)	
DR. HELLON ...	A.M.						
	P.M.						
DR. LILAUWALA ...	A.M.						
	P.M.		N.C. (CH.)				
DR. JONES ...	A.M.						
	P.M.					N.C. (CH.)	
DR. WOOD ...	A.M.		N.C. (CH.)		N.C. (CH.)		
	P.M.	N.C. (CH.)			N.C. (CH.)		
DR. SMITH ...	A.M.						
	P.M.				N.C. (CH.)		
DR. KING ...	A.M.						
	P.M.						
DR. OSTLER ...	A.M.						
	P.M.						

KEY: N.C. (CH.) = Nuffield Clinic (Children's Department)

In Table XV given below, it will be seen that patients have come from many sources. As in previous years, the staff have maintained close contact with the referral agencies. An increase of the establishment to four psychiatric social workers would ensure more effective support to the other social agencies.

TABLE XV

	1965	1964	1963	1962	1961
Family Doctors	115	126	108	93	78
School Medical Officers	76	75	47	68	72
Juvenile Courts and Probation Officers	32	30	42	52	41
Other Consultants	57	59	43	49	40
Head Teachers	14	27	24	16	22
Children's Officers	16	24	20	8	14
Director of Education	7	21	11	1	2
Parents	14	20	14	9	10
M. & C.W.	2	5	—	1	1
Miscellaneous	26	23	18	9	2

In Table XVI there is a summary showing the reasons for the children being referred.

TABLE XVI
REASON FOR REFERRAL

	<i>1965</i>	<i>1964</i>	<i>1963</i>	<i>1962</i>	<i>1961</i>
Behaviour Disorder	132	194	162	137	122
Anxiety (various manifestations) ...	56	50	43	28	54
Enuresis	34	37	15	19	40
Educational Problem	27	29	21	17	11
Delinquency	31	29	41	44	29
Encopresis	6	14	5	10	5
Truanting	2	7	17	3	6
Hysteria	7	1	2	6	3
Sub-normality	—	—	2	1	1
Miscellaneous	64	49	10	41	11

In Table XVII the age distribution of the children referred is given.

TABLE XVII

<i>Year</i>	<i>Under 5 years</i>	<i>5 to 7 years</i>	<i>7 to 9 years</i>	<i>9 to 11 years</i>	<i>11 to 13 years</i>	<i>13 to 15 years</i>	<i>Over 15 years</i>	<i>Total</i>
1965	44	46	55	67	57	58	32	359
1964	24	48	72	81	63	73	49	410
1963	26	39	43	65	44	82	28	327
1962	31	40	42	62	41	59	31	306
1961	16	38	43	49	47	61	28	282

Although the previous tables record the numbers involved they do not give a picture of the quality of work needed or the fact that this work done by the staff of the clinic is exacting and time consuming. Some improvement in the service offered has come about since August when our third social worker and second psychologist commenced duties. There is a very real need for more time to enable the social workers to carry out more home visits and for the educational psychologists to maintain a closer link with the schools.

When the Child Guidance Clinic moved to the Nuffield Clinic it became known as the Children's Section. Some people had wondered how parents would feel about bringing children to a community mental health centre which included a Day Hospital for adult psychiatric patients, but in three years only two mothers have expressed any anxiety on that account. The Child Guidance Clinic staff have become aware, since the move, of being an integral part of a wider service. There has been a closer link with the Mental Health Department and the Hospital Social Workers, they are to be found just along the corridor. The staff can more easily discuss the families in whom there is a mutual interest; there can be joint interviews so that a decision can be reached as to who should continue to work with the family. Of course the Children's Section staff also work with other statutory and voluntary agencies. Occasionally one of the adolescents attending or a parent of a child known to the clinic is admitted to the Day Hospital and on these occasions the staff can continue to work with the nursing staff – continuity of care can be preserved. The Day Hospital patients made a very useful fort for the play waiting-room; one electric train set given by one of the children attending has been maintained by one of the nurses and a mental welfare officer.

One of the three Psychiatric Social Workers in the Children's Section supervises a student from an Exeter University Postgraduate Course in social work and there is accommodation for a pre-nursing cadet from Moorhaven Hospital. The Cadets have proved very useful indeed and their duties include reception and looking after children while their parents are being interviewed. The children are sometimes the patient but they are frequently siblings and friends. The Cadet is encouraged to learn about play and what it means to the child.

Health Visitor Teaching Groups were started some years ago by Dr. John Gilroy. These groups now include the Senior Medical Officer for Maternity and Child Welfare and his colleagues in his

own department and the School Health Department and other workers, interested in the family, also attend. These meetings are now also used for teaching Health Visitor students who are attending a full-time course of training at the Plymouth College of Technology. The staff of the Children's Section are also taking an active part in the courses of lectures required.

Each month throughout the year there has been a meeting of a working party set up to study the educational provision for mal-adjusted children in the City of Plymouth. Provision of special classes for maladjusted children and for a hostel have been submitted to the Education Committee.

In December news was received that at long last we were to be allowed a Consultant Child Psychiatrist. His sphere of activity will be the Plymouth Clinical Area as a whole but most of his work will be done at the Children's Section of the Nuffield Clinic. This will mark a great step forward in the functioning of the Nuffield Clinic but it will not be possible to offer a complete service until we are given another junior psychiatrist, preferably a senior registrar, who will be trained to specialise in child psychiatry.

CONCLUSIONS

In 1966 we look forward to further consideration being given to the establishments of the various types of mental health workers. We hope that further discussions will take place in regard to establishing hostel accommodation – a hostel (or hostels) with a total of about 30 places for mentally disordered men and women over the age of 60; a hostel (or hostels) with a total of about 12 places for young schizophrenic patients to be run on the lines of the Newport scheme; a sheltered workshop for certain categories of psychiatric patients would be valuable and enhance the service we could offer our patients.

We will continue to explore ways and means of developing the preventive aspect of the service and continue to discuss providing a real emergency service. We hope to develop further the organisation of our After-Care service and social habilitation.

THANKS

I conclude with sincere thanks to all the staff of the Clinic and many other members of the staff of the Psychiatric Service who have helped us during the third year's working of the Clinic. Throughout the year we have received the support and help of the Joint Management Committee for which we are very grateful.

KENNETH F. WEEKS,
Medical Director.

Welfare Services

Senior Welfare Services Officer:

H. J. PATERNOSTER, F.I.S.W.

Accommodation The accommodation now provided under Part III of the National Assistance Act, 1948, is:

Wolseley Home	...	...	...	...	43 males	56 females
"Glenfield"	...	...	...	...	27 females	
"Brightside"	...	...	...	...	26 males	
"Ingleside"	...	...	...	...	31 females	
"Lakeside"	...	...	...	...	36 mixed	
Cross Park House	...	...	...	...	32 mixed	
Whitleigh Home	...	...	...	...	41 mixed	
Granby Way	...	...	...	...	40 mixed	
"Outlands"	...	...	...	...	62 mixed	
TOTAL					...	394

An additional home for the elderly has been opened since last year called "Outlands", Milehouse. It provides accommodation for 62 men and women, and it has 20 double-bedded rooms and 22 single-bedded rooms.

This home was officially opened by the Deputy Lord Mayor and Deputy Lady Mayoress in September, 1965. A start on the closure of Wolseley Home was also made with the transfer of 30 of the male residents from there to "Outlands".

Despite the opening of new homes, the waiting list for Part III accommodation continues to grow. The demand for accommodation continues to be extremely heavy, not only from old people living in their own homes who require care and attention, but also from the general hospitals and Moorhaven.

The number of admissions of persons on the waiting list is shown below:

					1964	1965
Admissions from waiting list	...	...	...	...	109	113
Admissions (Emergencies)	...	...	...	...	30	38
Number of persons on waiting list at end of						
year	...	...	...	...	69	118

Registration of Homes Under Section 37 of the National Assistance Act, 1948, all Old Persons' and Disabled Persons' Homes must be registered with the local authority.

The undermentioned homes are so registered:

	<i>Accommodation</i>
St. Joseph's Home, Hartley	116 residents (mixed)
"Rosemont", Wingfield Villas ...	22 residents (mixed)
Torr Home for the Blind	66 residents (mixed)
2 Thorn Park Terrace, Mannamead ...	15 females
The Mount, Lipson	32 females
Widey Grange, Widey Lane, Crown- hill	13 females, 1 male
8 Apsley Road, Mutley	24 residents (mixed)
10 Radford Park Road, West Hoe ...	12 males
10 Whitfield Terrace, Greenbank Road	14 females
Astor Hall for the Disabled, Stoke ...	30 residents (mixed)
Cann House, Tamerton Foliot, Ply- mouth (Cheshire Foundation Home for the Sick)	35 residents (mixed)

In December, the City Council approved an increase from 27 to 35 residents at Cann House, Tamerton Foliot. This new wing was opened by Group Captain Cheshire, v.c. The homes are visited regularly and there were no new registrations during 1965.

Boarding out Scheme

The Boarding-out Scheme of the Plymouth Guild of Social Service is still providing a most useful contribution in the care of the elderly. At present 134 persons are boarded out.

Burials

It is the duty of the local authority under Section 50 of the National Assistance Act, 1948, to arrange the funeral and cremation of any person who has died, or been found dead in this area, in circumstances where it appears to the authority that no suitable arrangements for the disposal of the body have been made.

The Plymouth City Council undertook 22 burials of this type during the year, in most cases relieving the families concerned of financial responsibility which they would have found quite impossible to meet. Applications are made in such cases to the Ministry of Pensions and National Insurance for any portion of death grant due in respect of the deceased person, in order to keep the financial liability to the Corporation to the minimum.

Female Itinerants

The local authority is required by the National Assistance Board to provide accommodation for female persons without a settled way of living in the event of their arriving in the City. During the year eight such females were accommodated at Wolseley Home. The numbers are appreciably diminishing over the years.

WELFARE OF THE BLIND

The Local Authority is continuing to carry out its functions for promoting the welfare of blind persons who are resident in this area under Section 29 of the National Assistance Act, 1948. New registrations during the year were 37 blind and 7 partially sighted. It will be seen from the table (page 112) that 85 per cent of the registered blind are now over the age of 50 years. On the 31st December, 1965, the total number of registered blind was 425 and registered partially sighted was 82.

There are three sighted Home Teachers of the Blind who work from the Health and Welfare Department offices at the Municipal Offices and who are the direct employees of the Plymouth City Council.

In September, 1965, a very pleasant event took place at the Garrison Church, Crownhill. The blind persons in the Crownhill, St. Budeaux, Ernesettle and Whitleigh districts had for the past year subscribed to provide a stained glass window in the church at a cost of £240. This was dedicated by the Bishop of Plymouth before a full congregation. Following the dedication a special tea and concert was held in the Crownhill Barracks by kind permission of the Commanding Officer.

There is a happy liaison between the South Devon and Cornwall Institute for the Blind (who have now settled down in their new workshops at Stonehouse) and the Plymouth and District Blind Aid Society, who both assist blind persons financially from their voluntary funds when money cannot be readily obtainable from the local authority or National Assistance Board.

There are 24 journeymen and 1 part-time journeywoman employed at the Blind Institution. There are also 3 male Home Workers (piano tuners) and 1 female Home Worker (Braille copyist).

OPHTHALMIA NEONATORUM

Total number notified in 1965		...	3
Number	(a) vision lost	...	1
	(b) vision impaired	...	0
	(c) treatment continuing		
	at end of year	...	0

WELFARE OF THE BLIND—REGISTRATION

Year ended 31st December, 1965

TABLE I—AGE PERIODS OF REGISTERED BLIND PERSONS

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Un-known	Total
Male	-	-	1	-	-	2	2	3	7	8	9	19	17	25	39	17	11	8	-	168
F'male	-	-	-	-	-	2	2	1	4	8	12	27	21	30	61	44	28	17	-	257
Total	-	-	1	-	-	4	4	4	11	16	21	46	38	55	100	61	39	25	-	425

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

CIRCULAR 2/53

	CAUSE OF DISABILITY			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Other</i>
(i) Number of cases registered during the year in respect of which Sect. F of Forms B.D.8 recommends :	—	—	—	—
(a) No treatment ...	1	—	—	13
(b) Treatment (medical surgical or optical)	4	6	—	20
(c) Educational ...	—	—	—	—
Total	5	6	—	33
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	2	6	—	20

WELFARE OF THE PHYSICALLY HANDICAPPED

The Register The number of new cases reported to the department together with the numbers on the register for the last three years are as follows:

	1963	1964	1965
New cases	144	181	135
Register at December 31st ...	624	730	806

Analysis of the new cases and the total register for 1965 are shown in Tables I and II respectively.

Home Visiting

1,997 visits were made during the year. 508 problems were dealt with as follows:

Housing	15
Residential Accommodation	19
Training and employment	35
Re-adjustment, handicrafts and social activities ...	95
Social problems	15
Modifications, aids and adaptations	180
Financial and material assistance	45
Other general problems	104
	<hr/>
	508
	<hr/>

Aids and Modifications

129 cases were assisted with aids and modifications during the year, the approximate cost of this assistance being £864 of which £154 was recoverable from those assisted.

Diversional Employment

At the end of the year, 197 cases were receiving occupational therapy and handicraft instruction as follows:

In own homes	40
In handicraft classes	53
In old people's homes	104

Classes continued to be held every afternoon at the occupational centre at Beaumont Hut, the average attendance being 20 per session, 15 of these being brought by ambulance.

The total value of goods completed under diversional employment was £1,295, the figures for the three previous years being £836 in 1962, £1,067 in 1963 and £1,107 in 1964.

Approximately half of this amount represented sales at the shop at Frankfort Gate.

Of the £1,295, approximately £969 represented recovery of cost of materials, the remaining £326 being profits returned to the patients.

Remunerative Employment

Seven persons were employed on leatherwork preparation and the making of plywood bases for canework during the year, three of this number subsequently returning to full-time employment.

The estimated value of all the articles produced was £133, whilst payments to individuals at piece rates totalled £27.

TABLE I
NEW CASES ADDED TO THE REGISTER OF HANDICAPPED PERSONS DURING 1965

DISABILITY CATEGORIES	EMPLOYMENT CAPABILITIES								TOTALS			
	Ordinary Conditions		Sheltered Workshops		Home Employment only		Incapable of Work			Children under 16		
Amputation	M 5	F —	M —	F —	M —	F —	M 4	F 6	M —	F —	M 9	F 6
Arthritis	—	—	1	—	—	—	5	36	—	—	6	36
Congenital malformations ...	2	—	—	—	—	—	—	2	1	—	3	2
General diseases of the chest, heart, digestive system, etc. ...	—	—	1	—	—	—	3	6	—	—	4	6
General physical injuries ...	—	1	1	—	—	—	3	5	—	—	4	6
Organic nervous disorders ...	3	—	—	—	—	—	22	16	—	—	25	16
Nervous and Mental disorders ...	—	—	—	—	—	—	—	—	—	—	—	—
Respiratory Tuberculosis ...	—	—	2	—	—	—	1	1	—	—	3	1
Non-respiratory Tuberculosis ...	—	—	—	—	—	—	1	1	—	—	1	1
Other diseases	1	—	1	—	—	—	—	—	1	3	3	3
TOTALS ...	11	1	6	—	—	—	39	73	2	3	58	77

TABLE II
REGISTER OF HANDICAPPED PERSONS AS AT 31ST DECEMBER, 1965

DISABILITY CATEGORIES	EMPLOYMENT CAPABILITIES										TOTALS
	Ordinary Conditions		Sheltered Employment		Home employment only		Incapable of work		Children under 16		
	M	F	M	F	M	F	M	F	M	F	
Amputation	19 (12)	—	6	—	1	—	21	19	1	—	M 48 F 19
Arthritis	9 (6)	—	5	—	2	3	35	131	—	—	51 134
Congenital malformations ...	7 (4)	1 (1)	6	4	—	1	6	12	3	1	22 19
General diseases of the chest, heart, digestive system, etc.	8 (6)	—	7	2	2	1	37	31	1	—	55 34
General physical injuries ...	7 (4)	2	5	—	2	1	21	28	1	—	36 31
Organic nervous disorders ...	23 (18)	7 (5)	19	14	4	11	88	97	7	2	141 131
Nervous and mental disorders	1 (1)	2 (1)	—	—	1	1	4	6	—	—	6 9
Respiratory Tuberculosis ...	2 (1)	—	5	—	5	—	7	3	—	—	19 3
Non-respiratory Tuberculosis	3	1	2	—	1	—	4	6	—	—	10 7
Other diseases	3	1	3	—	—	—	12	6	3	3	21 10
TOTALS ...	82	14	58	20	18	18	235	339	16	6	409 497

Figures in brackets indicate numbers recorded as being employed

Disabled Drivers and Passengers Identification labels continued to be issued during the year for drivers who have severe difficulty in walking and the same facilities continued to be extended to disabled passengers who experience the same disability.

Residential Accommodation At the end of the year 36 registered handicapped persons were being maintained in local and national residential centres, including 11 in the Council's own homes.

WELFARE OF THE DEAF AND DUMB

The following table shows the state of the register at 31st December, 1965:

DEAF AND DUMB REGISTER

	<i>Under 16</i>		<i>16-64</i>		<i>65 and over</i>		<i>Total</i>	
	M	F	M	F	M	F	M	F
Deaf with speech ...	13	3	25	20	4	5	42	28
Deaf without speech...	12	10	36	42	4	4	52	56
Hard of Hearing ...	6	3	28	95	4	15	38	113
GRAND TOTAL					132 197			

119 domiciliary visits were made to the deaf and hard of hearing on the register and contact was also maintained at the Deaf and Dumb Mission, the Hartley School for the Deaf and the Hard of Hearing Club.

Assistance was given with various problems relating to accommodation and aids.

NATIONAL ASSISTANCE ACTS, 1948 & 1951

REMOVAL OF PERSONS NEEDING CARE AND ATTENTION

During 1965 it was not necessary to apply to the Magistrates' Court under the powers given by these Acts for authority to move any elderly person in need of care and attention to a residential home or hospital.

CHIROPODY SERVICE

The Local Authority Scheme began in August, 1960. Treatment is given in Local Authority clinics and also in the patient's home when necessary. A whole-time salaried chiropodist commenced duties in January, 1965, and two local chiropodists are paid by the session for work at clinics and by a fee per visit for domiciliary work.

Those eligible for treatment are men aged 65 years and over and women aged 60 and over whose incomes do not exceed the amount of the national retirement pension or who receive a National Assistance allowance. The patient is charged 3/6d. for a treatment at a clinic and 4/6d. for a treatment at home.

During 1965, clinics were held and patients treated, as follows:

Number of clinics held	...	...	...	...	234
Number of persons attending clinics	...	...	...	...	309
Number of treatments given in clinics	...	...	...	...	1,792
Number of persons treated at home	...	...	...	...	235
Number of domiciliary treatments given	...	...	...	...	1,482

Separate arrangements are made for residents in the Authority's Welfare Homes who require chiropody treatment and the numbers so treated are not included in the figures shown above.

Ambulance Service

Ambulance Officer: MR. R. SAMPSON

Use of the Service

Use of the Service There has again been a marked increase in the number of patients carried and of miles travelled, amounting to 8,479 patients and 20,769 miles. There does not appear to be any ceiling so far as requests are concerned and on many days saturation point was reached. On one day no less than 477 patients were carried by the service. Transport of patients to various welfare centres for the handicapped is also consuming of time and staff.

Two patients were transported by helicopter, one to Stoke Mandeville Hospital, Bucks and one to the Spencer Churchill Hospital, Oxford. Two journeys were made by road at night to London during December and one to Bristol, since the cases were urgent and no suitable train available.

The number of patients sent by rail was 293 with an approximate mileage of 43,585, this being a decrease on the previous year of 23 patients and 5,314 miles. We are again grateful to the staff of British Railways at Plymouth for their excellent co-operation.

TOTAL PATIENTS AND MILEAGE

ROAD JOURNEYS:	PLYMOUTH	DEVON	CORNWALL	TOTAL
Ordinary Removals ...	79,886	147	74	80,107
Mileage	268,286	5,367	3,266	276,919
Accidents and Emergencies	4,263	—	—	4,263
Mileage	19,440	—	—	19,440
Welfare cases	16,459	—	—	16,459
Mileage	36,431	—	—	36,431
Total Patients ...	100,608	147	74	100,829
Total Mileage ...	324,157	5,367	3,266	332,790
RAIL JOURNEYS	245	7	41	293

Approximate total rail mileage travelled by patients 43,585

Average miles per patient	148.7
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The excellent relationship and co-operation with adjacent Local Authorities continues, as does the arrangement whereby we accept telephone calls on behalf of Devon County Council at specified times and then transmit the calls to their drivers who are on "stand-by" duty at home in the Plympton and Tavistock areas.

During this year the Service accepted responsibility for the transporting of all patients suffering from smallpox throughout Devon and Cornwall, including the City of Exeter.

Vehicles Two ambulances and one dual-purpose vehicle were replaced during the year. One ambulance was of new design internally, being fitted with a wheeled trolley to carry the stretcher and thus enabling the crew to take a patient right to the side of the hospital bed without any disturbance. Not only is this more comfortable for the patient but saves a lot of back strain on the ambulance personnel.

Staff At the end of the year there were fifty-seven full-time driver/attendants on the staff. I would like to pay tribute to my officers, control room staff, driver/attendants and mechanics who, throughout a very busy year, have kept the Service going – often working under extremely heavy pressure.

I only have the same administrative staff as I had in 1948 and therefore find it impossible to organise any training or to spend more than a very little time getting around to the hospitals, etc. If more time could be spent on this I feel sure that we could cut down on the number of journeys undertaken.

The number of hours of voluntary duty kindly given by members of the St. John Ambulance Brigade were 956 for men and 518 for women. This was a reduction on the previous year but, nevertheless, this help is much appreciated.

General The Service continues to be responsible for the following additional duties:—

- (1) accepting calls for the Port Medical Officers outside normal office hours;
- (2) receiving and dealing with emergency calls for midwives at all times;
- (3) receiving and dealing with all calls made on the Corporation telephone exchange between the hours of 10 p.m. and 7 a.m.

Civil Defence Seven excercises were held in 1965. One with the Warden Section, four comprising all sections (one at Liskeard, two at Bodmin, one on Dartmoor) and two demonstration exercises held at Plymouth Civil Defence Headquarters.

Two recruits passed their Standard Test and became Class A volunteers.

AMBULANCE SERVICE

TABLE SHOWING TOTAL PATIENTS AND MILEAGE OVER THE LAST FIVE YEARS

YEAR	PLYMOUTH		DEVON		CORNWALL		TOTAL	
	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>
1961	72,908	249,265	661	8,692	70	2,453	73,639	260,410
1962	75,519	255,678	176	6,428	68	2,455	75,763	264,561
1963	84,912	284,612	121	4,217	86	2,907	85,119	291,736
1964	92,124	303,905	157	5,210	69	2,906	92,350	312,021
1965	100,608	324,157	147	5,367	74	3,266	100,829	332,790

AVERAGE MILES PER PATIENT

1955	...	4.198
1960	...	3.558
1965	...	3.300

Plymouth Port Health Authority

REPORT OF THE PORT MEDICAL OFFICER

DR. T. PEIRSON

General

This Report is in the form and sequence prescribed for Annual Reports of Medical Officers of Port Health Authorities by the Ministry of Health, Form Port 20, dated October, 1952.

There was a slight increase in the number and tonnage of ships entering the port during the year compared with 1964 (Table B).

Passenger traffic has fallen to a comparatively low level owing to the discontinuance of regular calls by passenger liners (Table C).

SECTION I – STAFF

TABLE A

<i>Name of Officer</i>	<i>Nature of Appointment</i>	<i>Date of Appointment</i>	<i>Qualifications</i>	<i>Any Other Appointments held</i>
T. PEIRSON ...	Port Medical Officer	5.12.32	M.D., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health, City of Plymouth
G. B. CARTER ...	Deputy Port Medical Officer	5.7.48	M.D., D.P.H.	Deputy Medical Officer of Health, Senior School Medical Officer, City of Plymouth
L. MILLER ...	Port Health and Food Inspector	1.4.63	Sanitary Inspectors Certificate, Diploma for Inspector of Meat and Other Foods	

Address and Telephone number of the Medical Officer of Health:
Port Health Office: MILLBAY DOCKS, PLYMOUTH
 Telephone Plymouth 68000, Ext. 2229 by day
 Telephone Plymouth 68000 at night and weekend
City Office: Municipal Offices, City Centre, Plymouth
 Telephone Plymouth 68000

SECTION II

AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

TABLE B

<i>Ships from</i>	<i>Number</i>	<i>Tonnage</i>	<i>Number Inspected</i>		<i>Number of ships reported as having or having had during the voyage, infectious diseases on board</i>
			<i>By the Medical Officer of Health</i>	<i>By the Port Health Inspector</i>	
Foreign Ports	748	525,087	10	627	1
Coastwise	1,254	844,731	1	834	—
Totals	2,002	1,369,818	11	1,461	1

There was an increase of 63 ships and tonnage of 49,491 entering the port compared with 1964.

SECTION III

CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

TABLE C

Passenger Traffic	Number of Passengers INWARDS	....	2,570
	Number of Passengers OUTWARDS	....	2,421

The total number of passengers remaining on board passenger-carrying vessels entering the Port of Plymouth (exclusive of those shown above) was 1,035.

There was an increase of 215 passengers inwards and a decrease of 106 passengers outwards during 1965.

PRINCIPAL IMPORTS

Foreign

Preserved meat and cheese from Holland.
Fresh fruit and vegetables from Holland and France.
Timber from Canada, Sweden, Poland, Russia and Finland.
Grain from Canada, Holland, France and Roumania
Fuel oil from the Persian Gulf and West Indies.
Agricultural machinery and paper pulp from Sweden.
Fertilizers from Belgium, Holland and Germany.
Matches, wines and spirits from Holland and Sweden.
Tinned milk from Holland.
Breeding cattle from France.
Fresh fruit from Cyprus.
Peanuts from Holland.
Confectionery from Holland.
Cheese and wine from Cyprus.
Oyster shells from Frederiksund.
Salt from Stettin.
Clinker from North Africa.
Phosphates from Sfax.

Coastal

Coal from South Wales and North East Ports.
Petrol, oil and paraffin from Fawley, Hamble, Milford Haven and Swansea.
Fertilizers from London and Immingham.
Cement from London.
Potatoes from Northern Ireland.
Cooking fats, tinned fruit, vegetables, meat and fish, confectionery, sugar, nuts and molasses from Liverpool.
Grain from the Isle of White.
Sand and gravel from Southampton.
Tar from Jersey.
Gypsum from Dundalk.
Peat Moss from Ireland.

PRINCIPAL EXPORTS

China clay.
 Granite chippings.
 Scrap metals.
 Fertilizers.
 Broken glass.
 Live pigs and cattle for slaughter.
 Coke and coke breeze.

PRINCIPAL PORTS FROM WHICH SHIPS ARRIVE

<i>Asia and Australasia</i>	<i>Europe</i>	<i>America</i>	<i>Africa</i>
Abadan Aden Singapore	Ahus Antwerp Amsterdam Archangel Brest Bremen Bilbao Bayonne Caen Cherbourg Calais Copenhagen Cameret Dunkirk Delfzyl Fescamp Frederiksund Gibraltar Gothenburg Ghent Gdansk Gravelines Hamburg Hamina Honfleur Hoogesund Kiel Kotka Kaliningrad	Brazil New Orleans Halifax Port Alberni San Fransisco Quebec Trinidad Vancouver Victoria B.C.	Algiers Dakar Oran Sfax

<i>Asia and Australasia</i>	<i>Europe</i>	<i>America</i>	<i>Africa</i>
	Le Havre Leningrad Limassol La Pallice Malta Morlaix Montyluoto Nantes Odessa Passages Quimper Roscoff Rouen Rotterdam St. Malo Vigo Wismar Ymuiden		

SECTION IV

INLAND BARGE TRAFFIC

There is no inland barge traffic at the port.

SECTION V

WATER SUPPLY

- (a) The source of water supply for the Port, British Transport Docks, Victoria Wharves, Cattedown and Sutton Harbour is from Plymouth Corporation Water Department hydrants on the wharves.
- (b) Shipping is supplied with water from hydrants on the wharves or from H.M. Dockyard water-boats.

SECTION VI

PUBLIC HEALTH (SHIPS) REGULATIONS, 1952 TO 1963

(1) *List of Infected Areas (Regulation 6).*

A list of Seaports and Airports in which a confirmed or suspected quarantinable disease has occurred is supplied weekly by the World Health Organisation, Geneva. Copies are typed and sent to the Chief Pilot, H.M. Customs and to all the boarding Medical Officers.

(2) *Radio Messages (Regulation 13).*

(a) There are no arrangements for sending permission by radio for ships arriving from foreign ports to enter the district except for foreign warships and Royal Navy Auxiliary vessels which are in radio communication with the Plymouth Naval Base and report their state of health prior to entering the port. Other vessels anchor in the Sound which is a recognised mooring station and are there boarded.

Regulation 14 (1) (a) and (2).

(b) Vessels landing passengers and any other vessels requiring the attention of the Port Medical Officer, usually wireless their time of arrival at the Port and the state of health on board to the agents. The latter then inform the Port Health Authority and, in the case of vessels landing passengers, give the time the vessel is expected to anchor in the Sound. The Medical Officer boards the vessel by means of the Port Health launch. If there are any infectious conditions aboard, the vessel is required to give preliminary radio warning either to the Port Health Authority or to the local Agents in accordance with Regulation 14 of the Public Health (Ships) Regulations, 1952.

(3) *Notification otherwise than by radio (Regulation 14 (1) (b)).*

Vessels entering the Port requiring the Port Medical Officer, fly the appropriate flag and are boarded in the Sound by the Medical Officer and the Inspector by means of the Port Health launch, which is prepared to land cases if necessary.

After office hours, information concerning ships entering the Port flying a signal for the Port Medical Officer is received from the Queen's Harbourmaster, H.M. Customs or Royal Naval Authorities.

(4) *Mooring Stations (Regulations 22 to 30).*

Jennycliffe Bay in Plymouth Sound is used as a mooring station in the case of vessels which intend entering the Docks.

As the larger liners lie off Cawsand Bay or just inside the Breakwater, the usual anchorage is regarded as a mooring station.

(5) *Arrangements for:*

(a) *Hospital accommodation for infectious diseases
(other than smallpox).*

Cases of infectious disease landed from vessels are admitted to the Scott Isolation Hospital, Beacon Park Road, Plymouth. Cases suffering from Tuberculosis may be accommodated by arrangement at the Mount Gould Orthopaedic Hospital, Plymouth, if unfit to travel to their home address.

(b) *Surveillance and follow up of contacts.*

Where necessary, the names and intended destinations of passengers disembarking from a ship who are contacts of infectious disease are forwarded to the Medical Officers of Health in the appropriate districts.

(c) *Cleansing and disinfection of ships, persons, clothing and other articles.*

When cases of infectious disease are removed from ships in the motor launch *Argus* to hospital ashore, the quarters on board are disinfected with Formalin.

Clothing, bedding, etc., are conveyed to the Scott Isolation Hospital for steam disinfection.

SECTION VII

SMALLPOX

(1) *Isolation Hospitals available.*

The first case or cases would be admitted to the Smallpox Hospital, Liskeard, Cornwall (Telephone: Liskeard 2385), staffed from the Scott Isolation Hospital, Beacon Park Road, Plymouth (Telephone: Plymouth 51437); Physician Superintendent: Dr. D. F. Johnstone.

Should it appear likely that more extensive accommodation

would be required, arrangements would be made for Lee Mill Smallpox Hospital, at present used for geriatric cases, to be re-opened as a Smallpox Hospital.

(2) *Arrangements for the Transport of Cases to Hospital.*

The launch *Argus* of the Plymouth Port Health Authority, based at Millbay Docks, Plymouth (Telephone: Plymouth 68000, Ext. 2229 by day and Plymouth 68000, Ext. 2129 at night and weekends) is available to transport cases from ship to shore. The launch is equipped with a radio transmitter and receiver linked to the Plymouth Ambulance Headquarters.

Ambulances of the Plymouth City Council's Ambulance Service (Telephone: Plymouth 64101) are available to transport cases to hospital.

(3) *Smallpox Consultants.*

Dr. W. H. St. John-Brooks	Office Telephone: Penzance 2382
West Cornwall Hospital	Home Telephone: Cockwells 356
Penzance, Cornwall	

Dr. J. Macrae	Office Telephone: Bristol 31165
Ham Green Isolation Hospital	
Ham Green, Bristol	

(4) *Facilities for the Laboratory Diagnosis of Smallpox*

Materials for the collection of specimens from suspected cases are always available at the Port Health Office, Plymouth.

Specimens are forwarded to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, London, N.W.9.

SECTION VIII

VENEREAL DISEASE

When required the Port Health Inspector passes on information to ships' officers regarding the times of attendance and location of the Venereal Disease Clinics at the Plymouth General Hospital (Freedom Fields Section).

The days and hours of attendance for males are as follows:

Monday	6.00 to 7.30 p.m.
Tuesday	10.00 to 11.30 a.m.
Wednesday	10.30 to 12.00 noon
Thursday	6.00 to 7.30 p.m.
Saturday	6.00 to 7.30 p.m.

During the year 92 British and 17 Foreign seamen were treated at the Venereal Disease Clinic.

The nationalities were as follows:

British	...	...	92
Dutch	...	...	5
Norwegian	...	...	2
American	...	...	1
German	...	...	1
Ghanian	...	...	1
Greek	...	...	1
Italian	...	...	1
Maltese	...	...	1
Polish	...	...	1
Portugese	...	...	1
Russian	...	...	1
Spanish	...	...	1
TOTAL			109

SECTION IX

CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS, 1965

TABLE D

<i>Category</i>	<i>Disease</i>	<i>Number of cases during the year</i>		<i>Number of ships concerned</i>
		<i>Passengers</i>	<i>Crew</i>	
Cases landed from ships from foreign ports	Pulmonary Tuberculosis	Nil	One	One
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	None	Nil	Nil	Nil
Cases landed from other ships	None	Nil	Nil	Nil

Chest X-ray examination of contacts among the crew of the ship in which the case of tuberculosis occurred did not reveal any secondary cases.

SECTION X

OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

There were no cases of malaria brought to notice in ships arriving at Plymouth during the year.

SECTION XI

MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No plague-infected or suspected ships entered the port during the year.

SECTION XII

MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

(1) All ships arriving at the various wharves from foreign ports are boarded by the Port Health Inspector or Rodent Operator. Enquiries are made of the officers and crews and searches are carried out for evidence of rat infestation. Docksidcs, wharves and warehouses in dock areas are under constant surveillance for evidence of rodent infestation and Foremen Stevedores are also questioned as to the presence of rats. Where evidence of infestation is found immediate treatment is initiated by the Rodent Operator.

(2) All rats caught are destroyed and some specimens found are submitted to the Public Health Laboratory, South Devon and East Cornwall Hospital, Greenbank, Plymouth.

(3) If found necessary, de-ratting of ships is carried out by fumigation with hydrocyanic acid gas. These fumigations are carried out by private firms under the supervision of the Port Health Authority.

The names of Commercial Contractors who have carried out the fumigation of vessels at this port are:

1. Fumigation Services Ltd., Barking, Essex.
2. London Fumigation Co., London, E.C.3.

Small infestations are dealt with by the Port Health Authority's Rodent Operator using "Warfarin".

Observations confirm that rat-proofing principles are adopted in the construction of all modern vessels inspected.

TABLE E

Rodents destroyed during the year in ships from foreign ports: NIL.

Rodents destroyed in docks, quays, wharves and warehouses:

<i>Category</i>	<i>Number</i>
Black Rats	—
Brown Rats	47
Sent for examination	1
Infected with plague	—

Number of rats presumed killed, based on the amount of poison bait consumed: 190

Number of mice presumed killed: 108.

NUMBER OF DERATTING CERTIFICATES AND DERATTING EXEMPTION
 CERTIFICATES ISSUED DURING THE YEAR ENDING 31ST DECEMBER,
 1965, FOR SHIPS FROM FOREIGN PORTS

TABLE F

Number of Deratting Certificates issued					Number of Deratting Exemption Certificates issued 6	Total Certifi- cates issued 7
After fumigation with		After trapping 3	After poison- ing 4	Total 5		
HCN 1	Other fumigant 2					
—	—	—	1	1	42	43

PREVENTION OF DAMAGE BY PESTS ACT, 1949
 (APPLICATION TO SHIPPING) ORDER, 1951

No Rodent Control Certificates were issued to coastal vessels during the year.

SECTION XIII

INSPECTION OF SHIPS FOR NUISANCES

TABLE G

INSPECTIONS AND NOTICES

<i>Nature and Number of Inspections</i>	<i>Notices served</i>		<i>Result of serving Notices</i>
	<i>Statutory Notices</i>	<i>Other Notices</i>	<i>Complied with</i>
1,461 Vessels	—	6	6

SECTION XIV

PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 & 1948

Under the above regulations, the following are prohibited areas for the gathering of mussels, cockles, winkles, limpets and other shell-fish for human consumption by an Order made in 1936:—

Hooe Lake
The Hamoaze, including West Mud
St. John's Lake
Off Torpoint Institution
Weston Mill Lake
Off Rat's Island
Mouth of St. German's River
Off Saltash
River Tamar and its tributaries

Notice boards are maintained in these areas warning persons that the taking of shell-fish for sale for human consumption is forbidden.

No formal action has been necessary under the regulations.

All oysters from the Yealm Oyster Fisheries are subjected to a cleansing process before sale.

SECTION XV

MEDICAL INSPECTION OF ALIENS

- (1) List of Medical Inspectors of Aliens holding Warrants of Appointment:

Dr. T. Peirson
Dr. G. B. Carter
Dr. T. R. Forrest
Dr. N. R. Matheson
Dr. L. N. Trethowan
Dr. T. A. Lloyd-James (resigned 30th November, 1965)

- (2) List of other staff engaged on this work:

NIL

- (3) Organisation of works:

All ships carrying aliens are boarded by the Medical Officer during the course of duty under the Public Health (Ships) Regulations, 1952 to 1963. At the same time, aliens are inspected as they

pass before the Immigration Officer and the Medical Officer is available for consultation as necessary with the Immigration Officer.

Most of the work in connection with the Medical Inspection of Aliens is carried out by the Deputy Port Medical Officer, the remaining officers being available for relief duties.

(4) Nature and amount of aliens traffic:

With the cessation of passenger liner traffic the majority of aliens using the port are short-stay visitors.

During the year the number of incoming aliens was 862 and the number of outgoing aliens was 793.

(5) Accommodation for medical inspection and examination:

A room for medical examination is provided in the Port Health office.

REPORTS AND CERTIFICATES FOR ALIENS MEDICALLY EXAMINED

<i>Nature of Report or Certificate</i>		<i>Total number of Reports and Certificates issued</i>	<i>Aliens not permitted to land</i>
A	Unsound mind or mentally defective	1 *	1 *
B (1)	Undesirable for medical reasons ...	None	None
B (2)	(a) Inability to support	None	None
	(b) Likely to require medical treatment	None	None
	(c) Inability to support <i>and</i> likely to require medical treatment	None	None
C	Conditionally landed for further medical examination	None	None
TOTALS ...		1	1

* *Note:* This certificate was in respect of a member of the crew of the Royal Netherlands Navy Ship *Drenthe* who had been admitted to the Royal Naval Hospital, Plymouth. It was subsequently ruled that this person was exempt from the operation of the Aliens Order under paragraph 24 (3) (b).

COMMONWEALTH IMMIGRANTS ACT, 1962

MEDICAL EXAMINATION OF COMMONWEALTH IMMIGRANTS

List of Medical Inspectors of Commonwealth Immigrants:

- Dr. T. Peirson
- Dr. G. B. Carter
- Dr. T. R. Forrest
- Dr. N. R. Matheson
- Dr. L. N. Trethowan
- Dr. T. A. Lloyd-James (resigned 30th November, 1965)
- Dr. Enid Atkins

It has, in the past, been possible to make satisfactory arrangements on board the ships concerned for carrying out the medical examination of Commonwealth immigrants referred by the Immigration Officers, with little delay in clearing the vessels.

- (1) Total number of Commonwealth citizens subject to control under the Act arriving during the year 2
- (2) Total number of Commonwealth citizens medically examined 1
- (3) REPORTS AND CERTIFICATES FOR COMMONWEALTH CITIZENS MEDICALLY EXAMINED

<i>Nature of Report or Certificate</i>		<i>Number of Reports or Certificates issued</i>	<i>Number of Commonwealth Citizens refused entry</i>
A	Suffering from mental disorder ...	None	None
B (1)	Undesirable for medical reasons ...	None	None
B (2)	Likely to require major medical treatment	None	None
TOTALS ...		None	None

SECTION XVI

MISCELLANEOUS

Arrangements for the burial on shore of persons who have died on board ship from infectious disease:

Disposal of the dead is carried out under conditions prescribed by the Medical Officer of Health in accordance with the nature of the disease. The public mortuary is available to accommodate bodies if necessary. Cremation is advocated and is available locally.

FOOD INSPECTION

During the year 199 vessels were dealt with under the Public Health (Imported Food) Regulations, 1937 and 1948.

There were 154 from foreign ports and 45 coastwise.

The total amount of foodstuffs voluntarily surrendered and condemned as unsound, unwholesome and unfit for human consumption consisted of:

	<i>Tons</i>	<i>Cwt.</i>	<i>Qrs.</i>	<i>Lb.</i>	<i>Ozs</i>
Grapes	12	8	2	14	0
Lemons	1	3	2	20	0
Chestnuts		9	3	8	0
Flour		9	0	0	0
Confectionery		2	0	20	0
Plums		3	1	11	0
Strawberries			1	25	0
Preserved meats, tinned		3	0	7	14
Fruit and fruit juices, tinned		6	2	24	8
Cheese		1	0	22	14
Lard			1	26	0
Fish, tinned			1	14	7
Margarine				24	0
Bacon				22	0
Chicken, tinned				16	12
Vegetables, tinned				14	14
Ham				13	0
Ox Tongue, tinned				6	0
Ravioli				2	10
Rice Pudding, tinned				1	0
TOTAL	15	9	3	13	15

Six non-statutory notices were served on Masters of vessels under the Dark Smoke (Permitted Periods) (Vessels) Regulations, 1958. No further action was necessary in each case.

No action was taken under the following regulations:

- Public Health (Imported Milk) Regulations, 1926
- Public Health (Preservatives, etc., in Food) Regulations, 1925 and 1958
- Food Hygiene (Docks, Carriers, etc.) Regulations, 1960
- Food Hygiene (General) Regulations, 1960

The following specimens were submitted to the Public Health Laboratory, Greenbank, Plymouth:

<i>Date</i>	<i>Nature of Specimen</i>	<i>From</i>	<i>Examined for</i>	<i>Result</i>
28. 1.65	Water	Millbay Docks	B. Coli.	B. Coli – Nil
„	„	M.V. <i>Sharron</i>	B. Coli.	B. Coli – Nil
18. 3.65	„	Drake’s Island	B. Coli.	B. Coli. – Nil
„	„	Drake’s Island	B. Coli.	B. Coli. – Nil
„	„	Devil’s Point	B. Coli.	B. Coli. – Nil
20. 8.65	„	Drake’s Island	B. Coli.	B. Coli. – Nil
„	„	Drake’s Island	B. Coli.	B. Coli. – Nil
30.11.65	„	Millbay Docks:		
		1. Cork Shed	B. Coli.	B. Coli. – Nil
		2. Port Health Office	B. Coli.	B. Coli. – Nil
		3. Shed 20	B. Coli.	B. Coli. – Nil
28. 9.65	1 Brown Rat	Cole Bros. Timber Works, Millbay Docks	B. Pestis	Past. Pestis not isolated

ITEMS SUBMITTED FOR CHEMICAL ANALYSIS

A sample tin of chopped pork from a consignment imported from Hungary was submitted to the Public Analyst for examination because of staining of the inside of the tin and contents. The analyst reported that the staining was caused by sulphide of iron and was not harmful to health.

Two water samples were submitted for chemical analysis. One from a hydrant in Millbay Docks was reported as being of a normal chemical character; the other, from motor-vessel *Sharron*, was

reported to contain caustic lime in sufficient concentration as to render the water significantly alkaline in reaction and this was considered to be due to recent cement washing of the internal surfaces of the tank. Flushing of the tank considerably reduced the abnormal alkalinity.

INFECTIOUS DISEASES

No major infectious disease occurred within the area of the Authority during 1965.

CASES LANDED AT THE PORT

One case of infectious disease and 13 cases of non-infectious disease or injury were landed, of whom 12 were admitted to hospital.

School Health Service

Deputy Principal School Medical Officer

DR. G. B. CARTER

The general health of the children was satisfactory in 1965 and there was no serious outbreak of disease in the year though measles, colds and an influenza-like illness caused a considerable amount of absence in March.

The school clinics continue to provide a useful service and there was an increase of 450 in the cases attending compared with 1964. The number of treatments given by school nurses increased by over 1,000 to 32,126.

There appears to be a country-wide shortage of speech therapists and it has not been possible to fill a vacancy which has existed since early in 1965. This has much prolonged the list of children waiting for treatment which was always formidable, even when both posts on the establishment were filled.

Staff There were several changes during the year. Two medical officers resigned and Drs. H. Haskins and D. Bailey were appointed as Assistant Medical Officers with combined duties in maternity and child welfare and school health. Mrs. K. Young was appointed dental surgeon in succession to Mr. J. F. Gray, whose death after over twenty-six years' service with the Authority is recorded with regret. Miss Nixon, one of the Authority's two speech therapists, left in March and it has not been possible to obtain a successor to fill the vacancy. Three school nurses resigned and three were appointed during the year. The integration of the nursing services has continued; most health visitors are responsible for a primary school and most school nurses attend a Child Welfare Clinic. At the end of the year the number in the various sections were:

MEDICAL, ETC.					
Medical Officers	...	...	...	...	4.25
School Nurses	...	...	...	...	10.80
Speech Therapists	...	...	...	...	1.00
DENTAL					
Dental Officers	...	...	...	...	4.05
Dental Auxiliary	...	...	...	...	1.00
Dental Surgery Assistants	...	...	...	...	5.00

CHILD GUIDANCE CLINIC

Psychiatrists	1.37
Educational Psychologists	2.00
Psychiatric Social Workers	3.00

Medical Inspection

The detailed statistical tables relating to the medical inspection of school children are given at the end of this report.

1. PERIODIC MEDICAL INSPECTION

A. Number of periodic medical inspections in the age groups

	<i>Number of children inspected</i>
1. Entrants (1961 to 1958 age groups)	3,337
2. Intermediates (selected from 1957 to 1952 age groups)	1,639
3. Leavers (1951 and earlier age groups)	2,339
	<hr/>
TOTAL ...	7,315
	<hr/>

The age at which the “intermediate” examination preferably takes place is now 7 to 8 years and this is on a selective basis. The parents of children of this age completed a questionnaire on their child’s health and from the answers given it was decided whether or not the child should have an examination by the School Medical Officer. There are approximately 3,500 children of this age in Plymouth. Questionnaires were received in respect of 2,898 and 1,177 were “selected” for examination. The number examined, 1,639, is little more than half the number of children usually examined as intermediates and this saving of medical officers’ time allows more time to be spent on the children who are called for examination. In previous years approximately 24 children were examined in a half-day session but it is now possible to reduce the numbers of “entrants” or “intermediates” to 16 to 18, allowing a longer period to be given to each child. This is especially valuable with entrants, at which examination parents usually attend, as it may be the only occasion in the child’s school life where the parent meets the school medical officer. Comparatively few parents attend at a “leavers” examination and the number of children seen per session remains at 24.

B. Number of CHILDREN found at periodic medical inspections to require treatment (including those already under treatment)

	Number inspected	(i) Requiring treatment for defective vision (excluding squint)		(ii) Requiring treatment for all other defects		(iii) Total individual children requiring treatment	
		Num-ber	per 1,000	Num-ber	per 1,000	Num-ber	per 1,000
1. Entrants (1961-58)	3,337	89	26.66	663	198.68	703	210.66
2. Intermediate age groups (Selected 1957-52)	1,639	138	84.19	395	241.00	491	299.57
3. Leavers (1951-48)	2,339	377	161.18	359	153.48	668	285.59
TOTALS	7,315	604	82.57	1,417	193.71	1,862	254.54

Six hundred and four children out of the 7,315 inspected were found to require treatment for defective vision. This is equivalent to 82.57 per 1,000 and is rather less than the 104 per 1,000 found in 1964 and 1963. Children requiring treatment for all other defects totalled 1,417, a rate of 193.71 per 1,000. This compares with 186.8 per 1,000 in 1964 and 150.9 in 1963.

C. Number of DEFECTS found per 1,000 children inspected at periodic medical inspections whether requiring treatment or observation.

	1965	1964	1963
Skin	47.9	46.4	40.3
Vision	119.9	142.7	148.2
Squint	28.8	21.3	38.9
Otitis Media ...	18.0	13.0	10.2
Heart	12.4	11.7	12.4
Lungs	32.8	31.8	30.7
Hernia	5.7	2.1	2.9

It will be seen that there was an increase in the rate of all diseases listed above, except for defective vision. The largest increase was in the amount of otitis media.

D. Number of NEW DEFECTS found at periodic medical inspections to require treatment.

Table 2 C at the end of this report gives the total number of defects, old and new, found requiring treatment for each disease and for each age group, and the number of new defects, divided into those which were already under treatment at the time of the periodic medical inspection and those which were not.

In the 7,315 children examined in 1965, 613 new defects not under treatment were found. One hundred and twelve of these defects were of vision or squint.

E. SELECTIVE MEDICAL INSPECTIONS for children in junior schools and departments.

Selective examination for children in the intermediate age group was again employed in 1965 as in 1964.

In and prior to 1963 it was customary to examine all children aged 9 to 10 years. In 1965 the children in the intermediate group who were examined were mainly those aged 7 to 8 years and 1,639 were selected for examination. In these, 169 new defects not under treatment were found, a rate of 103 new defects per 1,000 children examined. In 1963, when all children aged 9 to 10 years were examined as intermediates only 25 new defects not under treatment were found, a rate of 8.3 per 1,000 examined. These figures indicate that the effect of making the intermediate examination selective and lowering the age by two years has very considerably increased the number of new defects found per 1,000 children examined. This implies that the school medical officers' time is being employed more effectively and that many children are receiving earlier attention for defects than they would otherwise have done.

F. Attendance of parents at periodic medical inspections

		<i>Number of children inspected</i>	<i>Number of parents attending</i>	<i>Percentage of parents attending</i>
1. Entrants	... ..	3,337	2,766	82.88
2. Intermediates (selected)	...	1,639	1,024	62.48
3. Leavers	... ..	2,339	338	14.45
		<hr/>	<hr/>	<hr/>
TOTALS	...	7,315	4,128	56.43
		<hr/>	<hr/>	<hr/>

This is much the same as in previous years.

G. Reports to family doctors after the final inspection before leaving school.

Reports were sent to family doctors on four children found to have serious or permanent defects believed to be unknown to their doctors.

2. OTHER MEDICAL INSPECTIONS

(Special inspections and reinspections)

	<i>Special Inspections</i>	<i>Reinspections</i>	<i>Total</i>
1. Ordinary cases seen at school clinics and schools and children seen for ascertainment as handicapped pupils, excluding educationally subnormal, and all other special examinations, except as follows ...	3,046	1,870	4,916
2. For fitness for:—			
(a) Employment after school hours	436	—	436
(b) Entertainment licences ...	9	—	9
(c) Swimming instruction ...	10	—	10
(d) Boxing	185	—	185
(e) Entry to teacher training colleges	151	—	151
3. For defective hearing:—			
(a) Audiometer sweep tests ...	61	—	61
(b) Full investigation	144	79	223
4. For ascertainment as educationally subnormal pupils	203	159	362
5. At Day Open-Air School	—	237	237
6. At E.S.N. Special Schools	—	259	259
7. At Children's Homes	154	254	408
	<hr/>	<hr/>	<hr/>
TOTALS	4,399	2,858	7,257
	<hr/>	<hr/>	<hr/>

There was an increase of 843 in the number of special inspections or reinspections compared with 1964.

School Premises The School Medical Officers continued to make annual inspections of school premises during the year and the Director of Education was notified of defects found or improvements required either directly from the Medical Officer's report or after a follow-up visit by the District Public Health Inspector in connection with certain defects.

Handicapped Children Arrangements for the ascertainment of the various categories of handicapped children remained unaltered during the year.

A. Number of children newly assessed as needing special educational treatment at special schools or in boarding homes

						1965	1964	1963
1.	Blind	..	..	..	..	1	1	2
2.	Partially sighted		..	..	..	—	—	3
3.	Deaf	..	..	..	..	2	4	5
4.	Partial hearing		..	..	..	8	9	7
5.	Physically handicapped		..	..		14	13	16
6.	Delicate	..	..	..	..	29	13	15
7.	Maladjusted	..	..	..	..	11	13	24
8.	Educationally subnormal		..	..		79	77	86
9.	Epileptic	..	..	..	..	—	1	1
10.	Speech defects		..	..	..	—	—	—
TOTALS ..						144	131	159

There was an increase of 13 children assessed as needing special educational treatment at special schools in 1965 compared with 1964. The increase was due to 29 children being assessed as delicate compared with 13 in 1964.

B. Number of handicapped children at special schools in January, 1966

	<i>At Maintained Special Schools. Day Pupils</i>	<i>At non- Maintained Special Schools. Boarding Pupils</i>	<i>At Independent Schools</i>	<i>Boarded in Homes</i>	<i>Total</i>
1. Blind	—	5	—	—	5
2. Partially Sighted	—	6	—	—	6
3. Deaf	31	2	—	—	33
4. Partial Hearing	30	—	—	—	30
5. Physically Handicapped	43	4	24	—	71
6. Delicate ...	26	3	1	—	30
7. Maladjusted ...	8	3	29	4	44
8. Educationally Subnormal ...	306	19	10	—	335
9. Epileptic ...	3	—	—	—	3
10. Speech defects	—	1	—	—	1
TOTALS ...	447	43	64	4	537

	<i>January 1966</i>	<i>January 1965</i>	<i>January 1964</i>
1. Blind	5	4	5
2. Partially sighted	6	6	7
3. Deaf	33	28	29
4. Partial hearing	30	27	21
5. Physically handicapped ..	71	73	70
6. Delicate	30	27	23
7. Maladjusted	44	50	55
8. Educationally subnormal ..	335	323	313
9. Epileptic	3	3	7
10. Speech defects	1	1	2
TOTALS	537	542	532

C. Handicapped children at independent schools.

	<i>School</i>	<i>Number of Children</i>	<i>Handicap</i>
1.	Badgeworth Court School, Badgeworth, nr. Cheltenham, Glos. ...	4 boys and girls	Maladjusted
2.	Burnt Norton School, Chipping Campden, Glos.	1 boy	Maladjusted
3.	Childscourt School, Lattiford House, Wincanton, Somerset	5 boys and girls	Maladjusted
4.	Cotswold Chine Home School, Box, nr. Stroud, Glos.	1 boy	Maladjusted
5.	Farmhill House School, Stroud, Glos. ...	1 girl	Maladjusted
6.	Farney Close School, Bolney, Sussex ...	1 girl	Maladjusted
7.	Heathercombe Brake School, Manaton, Newton Abbot, Devon ...	4 boys and girls	Physically handicapped Delicate
8.	Plymouth School for Spastic Children, Trengeath, Hartley, Plymouth ...	21 boys and girls	Spastics
9.	Marist Convent School, Paignton, Devon	1 girl	Maladjusted
10.	Oxton House School, Kenton, nr. Exeter, Devon	3 girls	Maladjusted
11.	Pitt House School, Chudleigh, Devon ...	3 boys	Educationally subnormal
12.	Pitt House School, Hr. Lincombe Road, Torquay, Devon	8 boys	Educationally subnormal and maladjusted
13.	Royal Alexandra and Albert School, Gatton Park, Reigate, Surrey ...	1 boy	Maladjusted
14.	St. Christopher's School, Westbury Park, Bristol	2 boys	Educationally subnormal
15.	St. Hilliard's School, Mickleton, Campden, Glos.	2 boys	Maladjusted
16.	St. Peter's School, Chelmarsh Vicarage, Bridgnorth, Salop.	2 boys	Maladjusted
17.	Brookside School, Clungunford, Craven Arms, Salop	4 boys	Maladjusted
	TOTAL	64	

D. *Handicapped children boarded in homes.*

Boarding Home			Number of Children	Handicap
1.	Mountstephen House Hostel, Uffculme, Cullompton, Devon	...	4 boys	Maladjusted
TOTAL			4	

E. *Handicapped children educated otherwise than at school.*

In January, 1966, 9 children were being educated in Freedom Fields Hospital, Plymouth and 8 at home, nearly all being physically handicapped children.

F. *Children found unsuitable for education at school.*

During 1965, 12 children were recorded as unsuitable for education at school under Section 57 (4) of the Education Act, 1944, as amended by the Mental Health Act, 1959, compared with 10 in 1964 and 20 in 1963.

G. *Child Guidance Clinic.*

The report on the work of the Child Guidance Clinic will be found in the Children's Section of the Nuffield Clinic Report on pages 87 to 108.

REPORT OF DR. L. N. TRETHOWAN

School Medical Officer

**Defective
Hearing-
Audiology
Clinic**

The Audiology Clinic continued to be held fortnightly at Seven Trees School Clinic.

As previously, young children with delayed speech, marked speech defects, those who were "at risk" or suspected of being deaf were referred by the pædiatrician, ear, nose and throat surgeons and the maternity and child welfare department.

Sixty-three children were seen, of these 56 for the first time; of these, 41 were thought not to be deaf, but it was deemed advisable to retest 6 of them again to ensure that they had no deafness and that speech was developing properly. Three were referred to the speech therapist for treatment.

Eleven very young children were found to be either profoundly or severely partially deaf. Six of these children were admitted to Hartley House School and the remaining 5 will be admitted when they are old enough to attend the nursery class at that school.

Three children were thought to be partially deaf, but it was considered that they would be able to manage in ordinary schools when they became of age to attend, with the use of hearing aids and assistance from the peripatetic teacher of the deaf.

One spastic child already attending Trengweath was found to have a marked high frequency deafness and has been provided with a commercial hearing aid and appears to be benefitting from the use of this aid.

**Cleanliness
Inspections
and other
Work of the
School Nurses**

found in 1964.

The school nurses carried out 139,901 inspections during 1965 and 629 children were found to be infested. This is equivalent to 1.98% of the school population and is a slight decline from the 2%

	<i>Number of children on registers at beginning of year</i>	<i>Number of individual examinations of children</i>	<i>Number of individual children found infested</i>	<i>% of individual children on registers found infested</i>
Primary Schools ..	19,046	100,576	514	2.7
Secondary Schools ..	12,190	33,343	100	0.82
Special Schools ..	421	5,982	15	3.55
TOTALS ..	31,657	139,901	629	1.98

Screening tests of vision and hearing carried out by school nurses.

The school nurses test the vision of school children annually and the hearing approximately every three years. Children with possible defects are referred to the medical officers for any necessary further investigation and treatment to be obtained.

				<i>Number of children tested by nurses</i>	<i>Number of children referred to School Medical Officers</i>
(1)	VISION TESTS:				
	Primary Schools ..	..	..	20,514	255
	Secondary Schools ..	..	..	12,675	268
	Special Schools ..	..	..	301	—
			TOTALS ..	33,490	523
(2)	HEARING TESTS:				
	Primary Schools ..	..	..	6,752	23
	Secondary Schools ..	..	..	2,026	2
	Special Schools ..	..	..	175	—
			TOTALS ..	8,953	25

During the course of this and other work, the nurses paid 2,440 visits to schools, 2,742 visits to children’s homes and attended 1,178 clinic sessions at which 32,126 treatments were given.

Medical Treatment

The school clinic arrangements at the time of writing this report are as follows:

SCHOOL CLINIC ARRANGEMENTS

<i>Clinic</i>	<i>Medical Officers' Clinics</i>	<i>Nurses' Minor Ailment Treatment Clinics</i>	<i>Ultra Violet Light Clinic (by appointment)</i>	<i>Speech Therapy Clinics (by appointment)</i>
1. Seven Trees Clinic, Baring Street	Monday 2 p.m. Wednesday 2 p.m. Audiology Clinic on alternate Saturday mornings at 10.0 a.m. by appointment	Monday to Friday 3.30 p.m.	Monday 9 a.m. Thursday 9 a.m.	Wednesday 2 p.m. Friday 9 a.m. Friday 2 p.m.
2. Stonehouse Clinic, Peel Street	Wednesday 2 p.m. Friday 3.30 p.m.	Tuesday 3.30 p.m. Friday 3.30 p.m.	—	—
3. Devonport Clinic, Outram Villa, Albert Road, Devonport	Tuesday 2 p.m.	Tuesday 3.30 p.m. Friday 3.30 p.m.	—	—
4. North Prospect Clinic, North Prospect School, Swilly	Wednesday 2 p.m.	Monday to Friday 3.30 p.m.	—	Monday 2 p.m. Tuesday 2 p.m.
5. St. Budeaux Clinic, Stirling Road, St. Budeaux	Thursday 2 p.m.	Monday 3.30 p.m. Thursday 3.30 p.m.	—	Friday 9 a.m.
6. Honicknowle Clinic, Montacute Avenue, Honicknowle	Tuesday 2 p.m.	Tuesday 3.30 p.m. Friday 3.30 p.m.	—	Wednesday 9 a.m.
7. Efford Clinic, 121 Efford Road	Tuesday 3.30 p.m.	Tuesday 3.30 p.m. Thursday 3.30 p.m.	—	Wednesday 9 a.m.
8. Southway Clinic, 37 Rockfield Ave., Southway	Wednesday 3 p.m.	Wednesday 3.30 p.m. Friday 3.30 p.m.	—	—
9. Child Guidance Clinic, Children's Section Plymouth Nuffield Clinic, Seven Trees, Baring Street	Children are seen by appointment. The psychiatrists attend Monday p.m.; Tuesday a.m. and p.m.; Wednesday p.m.; Thursday a.m. and p.m.; Friday p.m.			

The Seven Trees School Clinic and the Child Guidance Clinic are open throughout the year. The other clinics are closed during school holidays apart from specially arranged appointments.

Cases treated at School Clinics and elsewhere.

The number of cases treated by the school health service staff and those known to have been treated elsewhere are given for the various defects in Table 3 at the end of this report.

Eye diseases, defective vision and squint (Table 3A).

Three hundred and seventy cases of external diseases of the eye were treated, 105 at school clinics and the remainder at the Royal Eye Infirmary. All the 1,410 children with errors of refraction and the 1,015 children prescribed glasses were dealt with at the Eye Infirmary.

Diseases and defects of the ear, nose and throat (Table 3B).

The school medical officers referred 107 children to the consultant ear, nose and throat surgeons compared with 80 in 1964 and 46 in 1963.

All the 79 cases shown as receiving treatment were treated at school clinics. No figures are available of the amount of operative treatment carried out at hospitals.

Eighteen children were known to have been provided with hearing aids, compared with 9 in 1964 and 6 in 1963.

Diseases of the skin (Table 3D).

All the 1,044 cases of skin diseases were treated at school clinics (988 in 1964).

Thirty-six cases of scabies were treated, compared with 40 in 1964. Ringworm of the body increased to 16 cases in 1965 from 10 cases in 1964 and impetigo increased to 296 in 1965 (145 in 1964).

Three children were referred by medical officers to the consultant dermatologist.

REPORT OF DR. H. W. HASKINS

School Medical Officer

Plantar Warts The treatment of plantar warts at Stonehouse Clinic continued along the same lines as detailed in the annual report for the year 1963.

The following table gives an analysis during the year 1965:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
1. Total number of cases sent for	136	166	302
2. Total number of cases who attended ...	89	93	182
3. Total number of plantar warts removed (Warts in other sites were also treated in a number of the cases)	140	197	337
4. Number who attended for follow-up ...	89	64	153

It will be noticed that this is a considerable increase over the previous year when 130 patients were sent for and 92 actually attended.

It will be seen that of the 302 patients given appointments 120 failed to attend, mostly without giving any reason.

Other Defects The number of children referred by school medical officers to the various consultants was as follows:

Paediatrician	...	...	40
Orthopaedic Surgeons	...	...	23
General Surgeons	...	...	29
Chest Physician	...	...	4
Child Guidance Clinic	...	...	42

REPORT OF DR. L. N. TRETHOWAN

School Medical Officer

Enuresis The treatment of bed-wetting by the issue of Eastleigh alarms continued to produce satisfactory results during 1965.

Twenty more alarms were purchased in 1965. It is hoped that this increase will keep pace with the ever-increasing waiting list.

Although some makers consider that these alarms are suitable from age 4 to 5 years, experience has shown that there is little success under the age of 8. Children responding best are in the 8 to 10 age group.

The total number of children treated during 1965 was 82 and of these:

- 47 ... were cured
- 15 ... are responding and are nearly ready to return the alarm
- 8 ... are responding slowly and present problems
- 5 ... alarms were recalled because of improper use
- 7 ... alarms were returned as the children left the district

The rate of success was 77%. The average length of time for cure was 2.75 months. Fourteen children were dry in the first week.

REPORT OF MISS C. BROWNLOW

Speech Therapist

Speech Therapy There is an establishment for two speech therapists but since Miss Nixon resigned in March, 1965, it has not been possible to find a replacement except for a few months' part-time work from Mrs. Tozer who left in August.

As far as possible those children who had started treatment have continued with it, this means that with the reduction of sessions, there is considerable delay in starting the treatment of new referrals and the waiting list which existed even when there were two whole-time staff is now very much longer.

The full list of clinics and schools attended given in the report for 1964 has now been reduced to the following:

Seven Trees Clinic	...	...	3 sessions per week
North Prospect Clinic	...	...	2 sessions per week
Honicknowle Clinic	...	...	1 session per week
Ernesettle Primary School	...	...	1 session per week
Bull Point Primary School	...	...	1 session per week
Whitleigh Primary School	...	...	1 session per week
Austin Farm Primary School	...	...	1 session per week

The total number of children treated during the year was 295.

Seventy-seven children were discharged, 64 of these being dyslalic, 7 had stammers, 2 cleft palates and 3 hard of hearing.

A number of children have been placed on review to be seen several months after the cessation of treatment to ensure that no deterioration in their speech has taken place.

REPORT OF MR. R. M. MAYNARD

Principal School Dental Officer

**Dental
Inspection
and
Treatment**

Staff

In January, Mr. Gray was taken ill and died the following October at the regrettably early age of fifty-nine.

Mrs. Young, B.D.S., took over his duties and was put on the permanent staff after his death.

The dental auxiliary, Miss A. Sheppard, completed her second year of duty by the end of 1965.

While the permanent teeth are being increasingly better looked after, with the growing assistance of the G.D.S. dentists; there is still scope for further attention to the conservation of the temporary teeth; and these auxiliaries handle these young children very well and do good work. This work involved two or three visits each year for inspection for each child and further visits for the fillings. These visits must be short, or the child's tolerance will be exhausted. Unfortunately the mother of a young family may find the frequent visits to a clinic a deterrent, especially if she has to bring other children with her, if there is no one at home to supervise them. It is not, therefore, difficult to see why those who have seen the New Zealand system working, would like to see dental auxiliaries working at the schools. It would not involve great expense if the medical inspection rooms, built in new schools since the war, were used for this purpose; mobile spittoon, chair, engine, table and instruments, could be moved at weekends by Local Authority van. Not that the journey to the clinic is the only deterrent to the conservation of the temporary teeth, for in some areas, the mother on hearing that such treatment is necessary, merely makes a mental note to have the tooth out when it hurts – nevertheless greater sophistication and a desire dentally to keep up with the Joneses is showing even in the least promising areas.

During the year the Department of Education and Science suggested that the time was ripe for twice-yearly inspections and a recall system has been inaugurated to recall children for examination six months after a course of treatment is completed at the clinic; such a recall system is obviously necessary in the case of the temporary teeth, where decay is so rapid.

Those who return a consent form issued at school dental inspections, opting for a private dentist, or refuse treatment, or who fail to return a form at all, continue to be inspected once a year as previously at the school. It is dubious whether General Dental Service dentists (i.e. private dentists) would be enamoured of having their patients examined twice a year by school dentists, or whether parents refusing treatment, would be any more likely to accept treatment, if inspections were twice a year. Those who fail to return the form may be divided into those who are essentially refusing treatment and those who are making their own arrangements with a G.D.S. dentist. A twice-yearly inspection of all school children at the schools would cost more money in dental surgeon's time.

In this connection the following figures are of interest, as showing acceptance rates, since the names of dentists on the Local Executive Council lists were put on the back of the notification of 'treatment required' form, sent out after the school inspection

	<i>Number on Roll</i>	<i>Number inspected</i>	<i>Number requiring treatment</i>	<i>A Number referred for treatment</i>	<i>B Number accepting treatment at school clinic</i>	<i>C Number accepting treatment by G.D.S. dentists</i>	<i>A-(B & C) Failure to return forms after inspection</i>
1963	32,436	29,676	16,544	15,618	5,620	6,314*	3,684
1964	31,821	29,352	15,731	14,559	5,137	6,357	3,065
1965	32,891	28,668	15,055	13,374	4,660	5,764	2,950

G.D.S. – General Dental Service Dentist

* This figure includes some for 1962 as the scheme was started at the end of 1962

A further reason for the non-return of forms is the failure of the child to take the form from the school to its parent. Just as all parents do not return the forms after the school inspection, so all dentists do not return the forms sent on to them.

	<i>A</i>	<i>B</i>				
	<i>Number of forms sent to dentists</i>	<i>Treatment completed</i>	<i>Failed to complete treatment</i>	<i>Failed to keep appoint- ment</i>	<i>Failed to request appoint- ment</i>	<i>(Unaccounted for)</i>
1964	6,357	1,943	164	72	1,411	2,767
1965	5,764	1,822	192	184	1,336	2,407
TOTALS	12,121	3,765	356	256	2,747	5,174

Those unaccounted for might, however, actually come under any of the headings under B, as some dentists do not bother to return all the forms; the figures under B, therefore, represent the minimum figures. Hence in 1964 and 1965 of 12,121 sent to private dentists at least 3,359 did not receive full treatment. The contribution of the G.D.S. dentist is, however, considerable and of the 28,668 children inspected in 1965 it was estimated that 8,212 (34%) had been treated by private dentists.

Orthodontic Treatment

NEW CASES		
<i>1963</i>	<i>1964</i>	<i>1965</i>
70	109	124

While the figures for orthodontics are up in 1965 we have stopped issuing the special notice advising the need of orthodontic treatment to children who are obviously attending their own dentist. It is not certain, however, that all G.D.S. dentists wish to undertake orthodontic treatment and some of them might be prepared to refer cases to a purely orthodontic department, i.e. one which was not likely to draw away the conservative work. The practice of referring all but the simplest cases to the consultant orthodontist was continued and out of the 124 new cases commenced, 98 were referred for his advice.

Three-year Olds

At the suggestion of the Department of Education and Science a form is now being distributed by the Maternity and Child Welfare Department to the mothers of three-year olds offering inspection and treatment, together with a pamphlet on the care of the children's teeth. It is suggested that parents should arrange to have their children's teeth examined from the age of three years onwards by either their own dentists or at one of the school clinics.

Dental Education

Dental education has been limited to the same lectures and pamphlets as in 1964, except for the issue of a pamphlet to the mothers of three-year olds. It would seem reasonable before changing or extending the amount of dental education to await the results of the investigations being made by the department into the incidence of caries in those areas where dental education has been most highly developed in recent years.

Mass Radiography of School Leavers	One thousand, eight hundred and ninety children were given a chest X-ray and 1,890 were satisfactory.
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Vaccination and Immunisation	The information given here refers only to school children dealt with by school medical officers at school clinics. The complete figures are given in the immunisation and vaccination section of the report of the Medical Officer of Health.
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1. B.C.G. Vaccination against Tuberculosis

Children born in 1951 and earlier were dealt with during the year and the percentage of those accepting in the 1951 age group was 73.8% compared with 69.6% for the 1950 age group in 1964.

The percentage of primary positives on Mantoux testing was 4.4% for the 1951 age group. The steady reduction of this percentage from 20.7% for the 1940 age group tested in 1954 when the scheme was started to its present low figure indicates how much the amount of tuberculosis in the general population has fallen in these years.

The following are the figures for 1965:

	<i>Age Group</i>	<i>No. Given preliminary Mantoux Test</i>	<i>Mantoux positive</i>		<i>Number vaccinated with B.C.G.</i>
			<i>No.</i>	<i>%</i>	
<i>1951 Age Group:</i> No. in Group=2,953 Acceptances=2,180 % Acceptances=73.82	1951	1,886	83	4.40	1,716
	1950	103	2	1.94	101
	1949	15	—	—	15
	1948	2	—	—	2
TOTAL ...		2,006	85	4.2	1,834

2. *Immunisation against Diphtheria*

Number of children completing full primary courses ...	250
Number given reinforcing doses	1,477

3. *Immunisation against Tetanus*

Number of children completing full primary courses ...	1,179
Number given reinforcing doses	675

School children immunised against tetanus are issued with a small card showing the dates of the primary course and any subsequent reinforcement doses. It is hoped that the parents or the child will be able to produce the card for the information of the doctor who has to deal with any injury the child may receive later in life. Reliable information on previous immunisation against tetanus is invaluable when a decision has to be made on whether specific anti-tetanus is necessary after an injury.

4. *Vaccination against Poliomyelitis*

Number of children completing full primary courses ...	345
Number given reinforcing doses	457

Infectious Diseases

The information given here refers only to school children attending the authority's schools. The complete figures are given in the report of the Medical Officer of Health.

Number of cases of infectious diseases notified in school children

				1965	1964	1963
Diphtheria	...	...	...	—	—	1
Dysentery	...	...	...	11	14	81
Encephalitis	...	...	...	—	1	3
Erysipelas	...	...	...	1	—	—
Food Poisoning	...	...	...	9	11	5
Measles	...	...	...	1,349	245	1,398
Meningococcal Infections	...	...	...	—	3	—
Paratyphoid	...	...	...	—	—	1
Poliomyelitis	...	...	...	—	—	—
Pneumonia	...	...	...	15	13	13
Scarlet Fever	...	...	...	31	27	31
Tuberculosis	...	...	...	11	18	16
Whooping Cough	...	...	...	15	77	54
Puerperal Pyrexia	...	...	...	1	—	—

Maker Camp The medical and nursing arrangements were the same as in previous years with one of the nurses in residence for the whole period the camp was occupied by children.

Children's Homes The medical arrangements for the Children's Homes remained unchanged in 1965. Eighty-two visits were made to Parklands by a medical officer. Of the new admissions, 3 required treatment for defective vision, 1 treatment for impetigo, 1 treatment for plantar warts and 5 dental treatment.

Eight routine visits were also made by medical officers to the other three Children's Homes and 72 children were medically examined.

School Meals and Milk The number of children taking dinners at school again increased and the daily average number was 14,929 in September, 1965, compared with 13,037 in 1964 and 12,392 in 1963. 50.6% of children present at school on a selected date in 1965 were taking the school dinner compared with 44% on the same date in 1964 and 40.6% in 1963. One hundred and sixty-six school meals' staff were examined on engagement and forty re-examined.

On the same day that the figures for dinners were taken, 80.6% were taking milk, compared with 81.6% in 1964.

STATISTICAL TABLES

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE 1A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected			No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)		For any other condition recorded at Part II	Total individual pupils	
								No.	No.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
1961 and later ...	19 1,193 1,856 269 740 473 168 109 87 62 1,973 366	19 1,192 1,856 269 740 473 168 109 87 62 1,972 366	— 1 — — — — — — — — 1 —	} 1,683	— 31 47 11 47 40 11 15 18 7 317 60	1 185 412 65 187 116 37 25 23 7 279 80	1 200 433 69 211 146 45 39 38 12 543 125	
1950 and earlier								
TOTAL ...	7,315	7,313	2			604	1,417	1,862

Col. (3) total as a percentage of Col. (2) total.....99.97 %

Col. (4) total as a percentage of Col. (2) total.....0.03 %

TABLE 1B
OTHER INSPECTIONS

Number of Special Inspections	...	...	4,399
Number of Re-inspections	...	...	2,858
			<hr/>
TOTAL	...	...	7,257
			<hr/>

TABLE 1C
INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	139,901
(b)	Total number of individual pupils found to be infested	...		629
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...		Nil
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...		Nil

TABLE 1D.—SCREENING TESTS OF VISION AND HEARING

1.	(a)	Is the vision of entrants tested?	...	Yes
	(b)	If so, how soon after entry is this done?		During first or second term at school
2.		If the vision of entrants is not tested, at what age is the first vision test carried out?	... ..	—
3.		How frequently is vision testing repeated throughout a child's school life?	... ..	Annually
4.	(a)	Is colour vision testing undertaken?	...	Yes
	(b)	If so, at what age?	... ..	At 13+ to 14+ years
	(c)	Are both boys and girls tested?	...	Yes
5.		By whom is vision and colour testing carried out?	... ..	*School Medical Officers and School Nurses
6.	(a)	Is audiometric testing of entrants carried out?	... ..	Only by forced whisper test at 20 feet
	(b)	If so, how soon after entry is this done?		As 1 (b)
7.		If the hearing of entrants is not tested, at what age is the first audiometric test carried out?	... ..	—
8.		By whom is audiometric testing carried out?	... ..	*School Nurses

* The school nurses do all the preliminary vision and hearing tests and refer any children who appear to have defective vision and/or hearing to the School Medical Officers.

Only the School Medical Officers do the colour vision testing.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE 2A

PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	86	39	130	24	55	17	271	80
5	Eyes—								
	(a) Vision	89	112	377	68	138	93	604	273
	(b) Squint	99	19	39	10	30	14	168	43
	(c) Other	14	14	13	33	9	12	36	59
6	Ears—								
	(a) Hearing	13	88	5	23	7	77	25	188
	(b) Otitis Media	39	53	7	6	12	15	58	74
	(c) Other	11	15	8	4	15	10	34	29
7	Nose and Throat	121	167	30	12	46	61	197	240
8	Speech	67	65	6	12	32	45	105	122
9	Lymphatic Glands	1	14	—	—	2	3	3	17
10	Heart	5	48	3	20	4	11	12	79
11	Lungs	60	81	18	28	33	20	111	129
12	Developmental—								
	(a) Hernia	8	24	—	1	3	6	11	31
	(b) Other	3	102	7	3	8	31	18	136
13	Orthopaedic—								
	(a) Posture	5	8	4	2	6	2	15	12
	(b) Feet	61	71	6	8	27	15	94	94
	(c) Other	49	42	22	21	13	26	84	89
14	Nervous System—								
	(a) Epilepsy	21	4	13	2	17	5	51	11
	(b) Other	6	18	6	6	9	19	21	43
15	Psychological—								
	(a) Development	5	27	1	94	11	196	17	317
	(b) Stability	12	39	3	8	24	33	39	80
16	Abdomen	13	26	2	5	2	12	17	43
17	Other	41	125	56	11	66	47	163	183

(T)=Requiring Treatment.

(O)=Requiring Observation.

TABLE 2B
SPECIAL INSPECTIONS

<i>Defect Code No.</i> (1)	<i>Defect or Disease</i> (2)	<i>Special Inspections</i>	
		<i>Pupils requiring Treatment</i> (3)	<i>Pupils requiring Observation</i> (4)
4.	Skin	661	12
5.	Eyes—		
	(a) Vision	349	65
	(b) Squint	21	1
	(c) Other... ..	69	1
6.	Ears—		
	(a) Hearing	22	20
	(b) Otitis Media	22	4
	(c) Other... ..	58	2
7.	Nose and Throat... ..	27	8
8.	Speech	41	—
9.	Lymphatic Glands	—	—
10.	Heart	1	1
11.	Lungs	14	5
12.	Developmental—		
	(a) Hernia	1	—
	(b) Other... ..	2	—
13.	Orthopaedic—		
	(a) Posture	—	1
	(b) Feet	5	—
	(c) Other... ..	39	7
14.	Nervous System—		
	(a) Epilepsy	—	—
	(b) Other... ..	15	4
15.	Psychological—		
	(a) Development	12	2
	(b) Stability	69	10
16.	Abdomen	—	—
17.	Other	302	14

TABLE 2C—NEW DEFECTS REQUIRING TREATMENT

Defect Code No.	Defect or Disease	ENTRANTS			INTERMEDIATES (Selected)			LEAVERS		
		Total Defects Requiring Treatment	U.T.	Not U.T.	Total Defects Requiring Treatment Old & New	New Defects Only		Total Defects Requiring Treatment Old & New	U.T.	New Defects Only
						U.T.	Not U.T.			
4	Skin	86	47	39	55	21	23	130	47	69
5	Eyes—									
	(a) Vision	89	69	20	138	41	35	377	95	38
	(b) Squint	99	82	17	30	8	1	39	2	1
	(c) Other	14	6	8	9	5	1	13	4	2
6	Ears—									
	(a) Hearing	13	5	8	7	2	4	5	1	—
	(b) Otitis Media	39	23	16	12	4	4	7	4	1
	(c) Other	11	2	9	15	3	12	8	3	4
7	Nose and Throat	121	107	14	46	25	7	30	13	9
8	Speech	67	24	43	32	4	8	6	1	—
9	Lymphatic Glands	1	1	—	2	—	1	—	—	—
10	Heart	5	4	1	4	1	—	3	2	—
11	Lungs	60	45	15	33	18	4	18	3	—
12	Developmental—									
	(a) Hernia	8	4	4	3	—	3	—	—	—
	(b) Other	3	—	3	8	—	5	7	1	1
13	Orthopaedic—									
	(a) Posture	5	1	4	6	1	4	4	—	1
	(b) Feet	61	28	33	27	4	12	6	2	1
	(c) Other	49	27	22	13	5	2	22	12	1
14	Nervous System—									
	(a) Epilepsy	21	20	1	17	8	—	13	4	—
	(b) Other	6	5	1	9	1	1	6	4	1
15	Psychological—									
	(a) Development	5	1	4	11	4	5	1	—	—
	(b) Stability	12	6	6	24	9	8	3	1	—
16	Abdomen	13	10	3	2	1	—	2	2	—
17	Other	41	22	19	66	16	29	56	11	25
	Totals	829	539	290	569	181	169	756	212	154

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL
SCHOOLS)

TABLE 3A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	370
Errors of refraction (including squint)	1,410
TOTAL	1,780
Number of pupils for whom spectacles were prescribed	1,015

TABLE 3B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	—
(c) for other nose and throat conditions	—
Received other forms of treatment	79
TOTAL	79
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1965	18
(b) in previous years	60

TABLE 3C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments	—
(b) Pupils treated at school for postural defects ...	—

TABLE 3D.—DISEASES OF THE SKIN
(Excluding uncleanness, for which see Table 1c).

							<i>Number of cases known to have been treated</i>
Ringworm—							
(a) Scalp	...	...	...	...	...	...	—
(b) Body	...	...	...	...	...	...	16
Scabies	...	...	...	...	...	...	36
Impetigo	...	...	...	...	...	...	296
Other skin diseases		...	...	...	...	...	696
							<hr/>
						TOTAL ...	1,044
							<hr/>

TABLE 3E.—CHILD GUIDANCE TREATMENT

				<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	...	...	242	

TABLE 3F.—SPEECH THERAPY

				<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	...	...	...	295

TABLE 3G.—OTHER TREATMENT GIVEN

						<i>Number of cases known to have been dealt with</i>
(a)	Pupils with minor ailments	...	...	...	...	4,116
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	—
(c)	Pupils who received B.C.G. Vaccination	...	...	...	...	1,834
(d)	Other than (a), (b) and (c) above—					
	Ultra Violet Light	...	...	...	...	14
						<hr/>
					TOTAL	5,964
						<hr/>

TABLE IV.
DENTAL INSPECTION AND TREATMENT

ATTENDANCES AND TREATMENT:	Ages			Total
	5 to 9	10 to 14	15 +	
First Visit	2,615	2,165	509	5,289
Subsequent Visits	3,123	3,999	907	8,029
Total Visits	5,738	6,164	1,416	13,318
Additional Courses of treatment commenced	326	181	63	570
Fillings in permanent teeth ...	2,121	4,691	1,419	8,231
Fillings in deciduous teeth ...	2,734	165		2,899
Permanent teeth filled	1,707	4,093	1,306	7,106
Deciduous teeth filled	2,512	158		2,670
Permanent teeth extracted ...	147	686	191	1,024
Deciduous teeth extracted ...	2,625	596		3,221
General anæsthetics	1,049	435	70	1,554
Emergencies	139	172	74	385
Number of pupils X-rayed				246
Prophylaxis				299
Teeth otherwise conserved				339
Number of teeth root filled ...				9
Inlays				1
Crowns				14
Courses of treatment completed ...				4,587
ORTHODONTICS Cases remaining from previous year				57
New cases commenced during year				124
Cases completed during year ...				72
Cases discontinued during year ...				12
No. of removable appliances fitted...				159
No. of fixed appliances fitted ...				11
Pupils referred to hospital consultant				98

PROSTHETICS	<i>Ages</i>			<i>Total</i>
	<i>5-9</i>	<i>10-14</i>	<i>15 +</i>	
Pupils supplied with F.U. or F.L. (first time)	-	2	-	2
Pupils supplied with other dentures (first time)	2	10	8	20
Number of dentures supplied ...	4	9	6	19

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INSPECTIONS	(a) First inspection at school – number of pupils	27,409
	(b) First inspection at clinic – number of pupils ...	1,499
	Number of (a) + (b) found to require treatment...	15,857
	Number of (a) + (b) offered treatment	13,266
	(c) Pupils re-inspected at school clinic	2,541
	Number of (c) found to require treatment ...	114

SESSIONS	Sessions devoted to treatment	1,843
	Sessions devoted to inspection	254
	Sessions devoted to Dental Health Education ...	42

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